

Student Intern Performance Review

Employee Information

Name		Student ID	
Job Title		Date	
Department		Supervisor	
Review Period (mid-point or final)			

Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Independent planning and organization skills					
Demonstrates self-initiative but requests assistance when needed					
Punctuality					
Timeliness on task performance and problem solving					
Ability to learn and implement novel tasks					
Ability to engage in multiple tasks					
Cooperatively works as a team member					
Detail oriented and proofs work for accuracy					
Accepts and utilizes constructive criticism					
Communication Skills					
Adherence to organizational standards of appearance and conduct					
Adherence to safety standards					
Work Ethics					

Outstanding work qualities	
----------------------------	--

Areas that need work	
----------------------	--

Overall Rating (average the rating numbers above)	
---	--

Evaluation

ADDITIONAL COMMENTS

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Student Signature		Date	
Supervisor Signature		Date	
Faculty Sponsor		Date	