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# T:\RECRUITING\CFOS LOGOS\CFOS_sig_centered_black.pngStudent 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

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| Additional Comments |  |

## Verification of Review

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| 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 |  |