# Student Intern Performance Review

## Student Intern 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 |  |
| URSA Signature |  | Date |  |