

Supervisor Performance Assessment

Student Name _____ Last 4 Digits Student ID Number _____

Employer _____ City/State _____

Supervisor _____ Supervisor Phone _____

***This assessment should be completed by the student's immediate supervisor and discussed with the student.
Please assess the student's performance objectively using the scale provided below.
Additional remarks may be written on the back of this evaluation. Thank you for your feedback.***

1= Unacceptable 2=Below Expectations 3=Meets Expectations 4=Exceeds Expectations 5=Outstanding

Written Communication Skills	1 2 3 4 5	Ability to learn	1 2 3 4 5
Verbal Communication Skills	1 2 3 4 5	Ability to accept criticism	1 2 3 4 5
Interpersonal Skills	1 2 3 4 5	Motivation/ Initiative	1 2 3 4 5
Leadership Skills	1 2 3 4 5	Self-confidence	1 2 3 4 5
Teamwork Skills	1 2 3 4 5	Flexibility/Adaptability	1 2 3 4 5
Multi-tasking/Time Management Skills	1 2 3 4 5	Honesty/Integrity	1 2 3 4 5
Organizational Skills	1 2 3 4 5	Attendance/Punctuality	1 2 3 4 5
Technology Skills	1 2 3 4 5	Enthusiasm	1 2 3 4 5
Ability to work independently	1 2 3 4 5	Accuracy	1 2 3 4 5
Ability to be appropriately assertive	1 2 3 4 5	Judgment	1 2 3 4 5

Overall Impression of Student? 1 2 3 4 5

- The student's strengths are: _____

- The qualities that the student should strive to improve are: _____

- Are you receiving the results you expected through the co-op program? Yes _____ No _____
Please Explain: _____
- This assessment was determined through:
(A) ___ My direct observation (B) ___ Feedback from team leaders (C) ___ Both A and B
- Will this student be returning for another work term? Yes ___ No ___ If yes, what date? _____

Supervisor Signature _____ Student Signature _____

Please return this form to _____ at the address below.
Program Manager