

Evaluation of Student by Company Supervisor

SEMESTER/YR _____

Complete at the conclusion of the work period, review with the student and give to the faculty advisor.

Student: _____ Date: _____

Supervisor: _____

Company: _____

Faculty Advisor: _____

Please rate STUDENT COMPETENCIES by placing an appropriate check on the continuum from low to high performance (omit checking categories that are not applicable)

Low		High

OVER →

Appraisal of Project Results/Student Performance:

Strengths:

Improvement Suggestions:

Overall Performance (Please mark the appropriate level):



Comparison basis for student's performance and rating:

- compared with other student summer interns
- compared with entry-level engineering graduates

Signature:

Student: _____ Phone: _____ Date: _____

Supervisor: _____ Phone: _____ Date: _____

Faculty Advisor: _____ Phone: _____ Date: _____

Thank You!