

This form must be signed by:

EMPLOYER
STUDENT



COLLEGE
OF THE
FLORIDA KEYS

Internship O k /Vgt o 'Evaluation Form

Supervisor: Please assess the student in each of the following areas by checking the box which best describes his/her performance. This evaluation is to be completed at both mid-term and end of the employment period. Completed evaluation forms should be forwarded to the Internship Coordinator at careers.internships@cfk.edu.

(Student)

(Job Title)

(Employer/Company Name)

(Company Address)

(Evaluator)

(Term/Year)

	Outstanding	Very Good	Good	Average	Needs Improvement	Not Applicable
Interest in Work						
Quality of Work						
Dependability						
Attitude						
Ability to Learn						
Relations to Others						
Ability to work independently						
Technical Knowledge/Skills						
Punctuality						
Initiative						
Overall Rating						

Would you hire this student again? Why/Why not? _____

What are some of the student's strengths? _____

In what areas of work does the student need to improve? _____

Additional comments: _____

Supervisor Signature Date

Student Signature Date