



EMPLOYER EVALUATION

This evaluation form is a mandatory document for students to graduate. It is used to facilitate the student's professional growth. Please provide as much information as possible and review this with the student.

Student _____ Student ID number _____
Company _____ Position _____
Supervisor _____ Supervisor Position _____
Phone Number _____ Email _____

OVERALL WORK ETHIC/WORK PERFORMANCE (check appropriate column)

1= Needs Improvement 2= Marginal 3=Average 4=Good 5=Excellent NA= Not Applicable

1 2 3 4 5 NA

Accepted and followed directions

Worked effectively with others

Took initiative in starting tasks

Demonstrated competency in skills required for position

Learned new skills efficiently

Completed assigned tasks on time

Worked independently when needed

Communicated effectively: Written
Verbal

Made appropriate job-related decisions

Demonstrated professional work ethics

Employer Comments regarding student’s progress and work performance: (use additional paper if necessary)

Supervisor’s Name_____Date_____

Signature _____ (Signature must be handwritten or digitally signed)