Appendix I

MUSKEGON COMMUNITY COLLEGE

Midterm Evaluation of Student by Worksite Supervisor

SECTION 1
(To be completed by the student)

INSTRUCTIONS:

This evaluation form is to be completed midway through your intern assignment. Complete the first section only and give this form to your Worksite Supervisor.

_____ _____
Student Name Student Number

_____ _____
Company Phone

_____ _____
Worksite Supervisor Title

_____ _____
Faculty Intern Coordinator Department

____/____/____ ____/____/____ Term: F W SP SU
Internship Start Date Completion Date

_____
Job Title

Internship job description: _____
_____
_____
_____
_____

Have you discussed another internship term with your employer?
____ Yes ____ No

____/____/____
Assessment Date

SECTION 2
(To be completed by the Worksite Supervisor)

INSTRUCTIONS:

Please review the information in Section 1 provided by the student intern and the Evaluation Criteria Supplement. Please respond to all the questions on this page. The Faculty Intern Supervisor will pick up this form and discuss it with you and the student intern for the midterm evaluation.

NOTE: Employer may substitute their personnel evaluation form.

*TRAITS	Excellent	Very Good	Good	Fair	Poor
Dependability					
Ability to learn					
Relationship with others					
Judgment					
Work habits					
Quality of work					
Quantity of work					
Communication skills					
Leadership qualities					
Organizational skills					
Confidentiality					

*See Evaluation Criteria Supplement

Attendance

Times late _____ Reason _____

_____

_____

Times absent _____ Reason _____

_____

_____

Summary: Please comment on strengths and weaknesses in relation to the above traits. _____

_____

_____

Recommendations: Please indicate course work or types of experiences which could improve the student's potential. _____

_____

_____

_____ _____

Worksite Supervisor's Signature Faculty Intern Coordinator Signature

I have read the midterm evaluation and my Supervisor and Advisor have reviewed it with me.

_____ ____/____/____

Student's Signature Date

Original: Internship Coordinator Copy: Faculty Intern Coordinator, Student