



**EMPLOYER EVALUATION OF STUDENT**

Student Name:	Cell:	Practicum Site:
GCC Email:	Personal Email:	Mentor:
Instructor:	Cell:	Email:
Practicum Dates: From _____ to _____	Name of Person Completing this Form: Cell: _____ Email: _____	

**Please rate the following factors as: (0) Not Applicable (1) Poor (2) Fair (3) Good (4) Excellent**

INITIATIVE	0 1 2 3 4	ORAL COMMUNICATION	0 1 2 3 4
COOPERATION	0 1 2 3 4	WRITTEN COMMUNICATION	0 1 2 3 4
ADAPTABILITY	0 1 2 3 4	FOLLOWS INSTRUCTIONS	0 1 2 3 4
DEPENDABILITY	0 1 2 3 4	ACCEPTS CORRECTIONS	0 1 2 3 4
JOB KNOWLEDGE	0 1 2 3 4	UNDERSTANDS INSTRUCTION	0 1 2 3 4
JOB QUALITY	0 1 2 3 4	ATTENDS TO DETAILS	0 1 2 3 4
JOB QUANTITY	0 1 2 3 4	KEEPS ON TASKS	0 1 2 3 4
ACCURACY	0 1 2 3 4	REPORTS TO WORK ON TIME	0 1 2 3 4
TACT	0 1 2 3 4	MEETS PEOPLE	0 1 2 3 4
COURTESY	0 1 2 3 4	CONSERVES SUPPLIES	0 1 2 3 4
PERSONAL APPEARANCE	0 1 2 3 4	CARES FOR EQUIPMENT	0 1 2 3 4
SOLVES PROBLEM	0 1 2 3 4	MAINTAINS WORK ENVIRONMENT	0 1 2 3 4
COMPLETES TASK	0 1 2 3 4	FOLLOWS PROCEDURES AND	
		AND GUIDELINES	0 1 2 3 4
		PROVIDES CUSTOMER SUPPORT	0 1 2 3 4

**Please continue on back page**

**ADDITIONAL COMMENTS:**

*The student's STRENGTHS are:*

*The student should improve on the following areas:*

How would you rate this student's overall performance? \_\_\_\_\_

NUMBER OF TIMES THE STUDENT WAS ABSENT FROM WORK: \_\_\_\_\_

NUMBER OF TIMES THE STUDENT WAS LATE TO WORK: \_\_\_\_\_

NUMBER OF HOURS WORKED: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature                      Date

\_\_\_\_\_  
Evaluator's Signature                      Date

NOTE: Please review this evaluation with the student, sign, and return to the Instructor.