

**GUAM COMMUNITY COLLEGE
PRACTICUM
EVALUATION**

STUDENT: _____

PROGRAM: _____

EMPLOYER: _____

POSITION: _____

BEGINNING DATE: _____ ENDING DATE: _____ TOTAL # OF HOURS: _____

EMPLOYER'S EVALUATION OF STUDENT'S ON-THE-JOB TRAINING:
(Your input enables us to provide better instruction and counseling for the student.)

Please rate the following factors as:

(0) Not Applicable (1) Poor (2) Fair (3) Average (4) Good (5) Excellent

| | | | |
|------------------------|-------------|--------------------------------|-------------|
| PERSONAL APPEARANCE | 0 1 2 3 4 5 | POSITIVE ATTITUDE & ENTHUSIASM | 0 1 2 3 4 5 |
| COURTESY & RESPECTFUL | 0 1 2 3 4 5 | COMMUNICATIONS | 0 1 2 3 4 5 |
| FOLLOWS INSTRUCTIONS | 0 1 2 3 4 5 | INITIATIVE | 0 1 2 3 4 5 |
| JOB QUALITY & ACCURACY | 0 1 2 3 4 5 | PRODUCTIVITY | 0 1 2 3 4 5 |
| DEPENDABILITY | 0 1 2 3 4 5 | TIME MANAGEMENT/ATTENDANCE | 0 1 2 3 4 5 |

UNEXCUSED ABSENCE: _____ **EXCUSED** ABSENCE: _____ TIMES LATE TO WORK: _____

Student's Strengths: _____

Student's Areas for Improvement: _____

☐ **Overall percentage grade you award this student is _____ %**

90-100% = A; 80-89% = B; 70-79% = C; 60-69% = D; 59% & below = F

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

DATE

STUDENT'S SIGNATURE

EVALUATOR'S SIGNATURE (Print Name & Title)