



Page 3 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: _____

Date Evaluator's Signature Date _____ Student's Signature

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