



FSM292 Practicum - Mentor Rating Sheet

Student		Practicum Site	Hilton
Cell		Supervisor	
Term	Spring 2023		

INSTRUCTIONS	_____ is a Foodservice Management student of the Guam Community College. The Program's Practicum component seeks to give students an opportunity to apply principles learned in the program. We appreciate your assistance in giving the student opportunities to apply foodservice management principles listed below and evaluate his or her performance using the criteria outlined below.
---------------------	---

Please rate the following factors as:

N/A=Not Applicable

1=Poor

2=Fair

3=Good

4=Excellent

Soft Skills	Rating		Foodservice Mgt Learning Objectives	Rating
Personal Appearance	4 3 2 1 n/a		Customer Service Skill	4 3 2 1 n/a
Courtesy & Respectful	4 3 2 1 n/a		Menu Planning Skill	4 3 2 1 n/a
Coachable	4 3 2 1 n/a		Skill in Writing Standardized Menu	4 3 2 1 n/a
Job Quality & Accuracy	4 3 2 1 n/a		Purchasing Principles	4 3 2 1 n/a
Dependability & Reliability	4 3 2 1 n/a		Product Receiving, Storing, Issuing Principles	4 3 2 1 n/a
Productivity	4 3 2 1 n/a		Quality Food Production	4 3 2 1 n/a
Initiative	4 3 2 1 n/a		Quality Beverage Management	4 3 2 1 n/a
Positive Attitude & Enthusiasm	4 3 2 1 n/a		Communicating with Customers	4 3 2 1 n/a

Time Management	4 3 2 1 n/a	Managing Buffets, Catered Events	4 3 2 1 n/a
		Cost Control Principles	4 3 2 1 n/a

Additional Comments:

The student's **STRENGTHS** are"

- Willing to help other people when her work is done
- She can take criticism and works to improve
- good at cleaning/organizing, storing items properly

The student should improve on the following areas:

- Time Management
- Communication

How would you rate the student's overall performance: Circle One:

Fair

Good

Excellent

Number of times the student was absent from work:

1

Number of times the student was late to work:

3

Student's Name and Signature: _____

NOTE: PLEASE REVIEW THIS EVALUATION WITH THE STUDENT, SIGN, AND RETURN TO THE INSTRUCTOR.

Evaluator's Name and Signature _____

Date of Evaluation:

03/27/23

Thank you for your time. Please return the completed form to



FSM292 Practicum - Mentor Rating Sheet

Student		Practicum Site	<i>Hilton</i>
Cell		Supervisor	
Term	<i>Spring 2023</i>		Purchasing Department

INSTRUCTIONS	_____ is a Foodservice Management student of the Guam Community College. The Program's Practicum component seeks to give students an opportunity to apply principles learned in the program. We appreciate your assistance in giving the student opportunities to apply foodservice management principles listed below and evaluate his or her performance using the criteria outlined below.
---------------------	---

Please rate the following factors as:

N/A=Not Applicable 1=Poor 2=Fair 3=Good 4=Excellent

Soft Skills	Rating	Foodservice Mgt Learning Objectives	Rating
Personal Appearance	4 3 2 1 n/a	Customer Service Skill	4 3 2 1 n/a
Courtesy & Respectful	4 3 2 1 n/a	Menu Planning Skill	4 3 2 1 n/a
Coachable	4 3 2 1 n/a	Skill in Writing Standardized Menu	4 3 2 1 n/a
Job Quality & Accuracy	4 3 2 1 n/a	Purchasing Principles	4 3 2 1 n/a
Dependability & Reliability	4 3 2 1 n/a	Product Receiving, Storing, Issuing Principles	4 3 2 1 n/a
Productivity	4 3 2 1 n/a	Quality Food Production	4 3 2 1 n/a
Initiative	4 3 2 1 n/a	Quality Beverage Management	4 3 2 1 n/a
Positive Attitude & Enthusiasm	4 3 2 1 n/a	Communicating with Customers	4 3 2 1 n/a

Time Management	4 <u>3</u> 2 1 n/a	Managing Buffets, Catered Events	4 3 2 1 <u>n/a</u>
		Cost Control Principles	4 <u>3</u> 2 1 n/a

Additional Comments:

The student's STRENGTHS are "very adaptable with learning new skills, along with having eagerness to try new things."

The student should improve on the following areas: *improving time management*

How would you rate the student's overall performance: Circle One:

Fair

Good

Excellent

Number of times the student was absent form work:

~~1~~ 0

Number of times the student was late to work:

0

Student's Name and Signature: _____

NOTE: PLEASE REVIEW THIS EVALUATION WITH THE STUDENT, SIGN, AND RETURN TO THE INSTRUCTOR.

Evaluator's Name and Signature: _____

Date of Evaluation:

03/23/23

Thank you for your time. Please return the completed form to