INTERN TIME SHEET & EVALUATION

***Course Name*** Instructor: School Phone: Direct Line: Fax:

**Intern Name: Department: Company: Supervisor:**

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| --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **End Time** | **Total Hour** | **Supervisor Initials** |
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**DIRECTIONS:** Supervisor/Mentor, please check Excellent, Good, Fair, or Poor for each of the performance Criteria and sign below.

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| --- | --- | --- | --- | --- |
| **CRITERIA** | **Excellent** | **Good** | **Fair** | **Poor** |
| **Initiative**  **Quality** | Takes initiative  Completes all tasks | Shows initiative. Mistakes negligible | Satisfactory | Constantly needs help and/or supervision |
| **Cooperation**  **Attitude** | Promotes goodwill  Goes the extra mile | Cooperates effectively  Shows a desire to learn | Compliant | Apathetic |
| **Punctuality** | On time | Usually prompt and regular | Several incidents of absence or tardiness | Chronically tardy or absent |
| **Personal**  **Appearance** | Always well- groomed/appropriate | Occasionally needs reminders | Regularly needs reminders | Disregards dress code |

**Comments:**

**Supervisor Signature: Date:**



It is the policy of \_\_\_\_\_ I.S.D. not to discriminate on the basis of sex, disability, race, religion, color, age, or national origin in its educational programs and/or activities including career and technology education programs, or in its employment practices. 4/8/14