# Student Work Performance Evaluation

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Year__/# of a ___/# year program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree Program:</td>
<td></td>
</tr>
<tr>
<td>Work Term Evaluation:</td>
<td>4 month</td>
</tr>
<tr>
<td>Company:</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Employment Period:</td>
<td>(dd/mm/yy) to (dd/mm/yy)</td>
</tr>
<tr>
<td>Key Job Duties:</td>
<td></td>
</tr>
</tbody>
</table>

**Supervisor Comments:** Please rate the student’s performance in each of the following by checking the box which best describes his/her performance.

### QUALITY OF WORK
- [ ] Very thorough. Errors few if any.
- [ ] High level. Only occasional corrections needed.
- [ ] Work usually passes review. Few errors.
- [ ] Erratic quality. Not thorough. Work review required.
- [ ] Not measurable/applicable

Comments: __________________________________________________________

### QUANTITY OF WORK
- [ ] Exceptionally fast, efficient. Often handles extra work.
- [ ] Deadlines always met. Willing to handle extra work.
- [ ] Steady results. Usually on time with assignments.
- [ ] Frequently late in completing assignments. Needs prodding.
- [ ] Not measurable/applicable

Comments: __________________________________________________________

### INITIATIVE AND DEDICATION
- [ ] Needs minimal supervision. Tries to exceed standards.
- [ ] Puts generally good effort into work. Meets standards.
- [ ] Shows minimal interest in meeting standards. Needs close supervision.
- [ ] Not measurable/applicable

Comments: __________________________________________________________

### COOPERATION AND TEAM WORK
- [ ] Always works in harmony with others. Great team player.
- [ ] Congenial and helpful. Works well with associates.
- [ ] Most relations with others are harmonious under normal conditions.
- [ ] Difficult to work with at times. Sometimes antagonizes others.
- [ ] Not measurable/applicable

Comments: __________________________________________________________
JUDGEMENT
☐ Unusual ability to develop alternatives. Openly accepts responsibilities.
☐ Good methodical thought processes. Good problem solving. Seeks counsel when necessary.
☐ Makes decisions based on company policies. Generally seeks counsel.
☐ Lacks confidence. Seeks supervision. Avoids responsibilities.
☐ Not measurable/applicable

Comments
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

LEADERSHIP
☐ High desire to achieve. Tactful. Excellent example for other workers.
☐ Good tolerance level. Accepts new challenges. Sets good examples.
☐ Calm and tactful. Displays patience. Tries to learn from criticism.
☐ Sometimes tactless. Reluctantly accepts criticism and ideas of others.
☐ Not measurable/applicable

Comments
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

ADAPTABILITY
☐ Adapted instantly and successfully. Makes others comfortable.
☐ Adapted quickly and successfully. No problems.
☐ Comfortable in the work place. Few problems.
☐ Uncomfortable in the work place. Reluctant to attempt change.
☐ Not measurable/applicable

Comments
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

MAJOR STRENGTHS: _____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

AREAS FOR IMPROVEMENT: ____________________________________________________
______________________________________________________________________________
______________________________________________________________________________

OVERALL PERFORMANCE: ______________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Supervisor’s Name: ____________________________________________________________
please print
Supervisor’s Signature: _________________________________________________________
Date: ___________________________ Telephone #:__________________________________

Student Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I have read this evaluation and discussed it with my supervisor. I feel that it is a fair assessment of my performance.

Date: ___________________________ Student’s Signature ____________________________
It is not necessary for this portion of your evaluation to be seen or signed by your supervisor but it does need to be completed and returned to the QUIP office as part of your evaluation to fulfill the requirements of the internship.

As discussed in the pre-departure workshop, the term of the Internship will allow you an excellent opportunity to add new skills to your professional portfolio. The addition of this third page to the required evaluation will allow you an opportunity to articulate some of the skills you are learning and give you an opportunity to reflect on your progress throughout your Internship. Each 4-month evaluation report you receive will have a different focus for your Career/Skills Development. We hope you’ll find this to be a worthwhile exercise that can, at the end of your internship, benefit you.

In the first Career/Skills Development exercise, we would like you to take some time to think about what you hope to gain from your Internship. Hopefully, more than a healthy pay cheque over the course of the 12 or 16 months!

Look at this almost like a job interview (consider it preparation for your fourth year recruiting). This will give you an excellent opportunity in the coming months to review your reply.

What was it that prompted you to decide to take this internship and what specific skills including those outside of the obvious technical skills, are you hoping to gain from your internship.

________________________________________

________________________________________

________________________________________

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________________________________________

________________________________________

________________________________________
There is an innumerable set of skills you will gain over the course of your internship and you’ll find that in just four months, you have already added to your skills set. You’ll recall from the pre-departure workshop that skills can include not only the Work Specific Skills but also Personal Management Skills and Transferable Skills. Below is a short list of some of the transferable skills. Go through them and see what you have already added to your professional development in just a short four months and take a moment to expand on one of these skills.

- organizing
- facilitating
- assessing
- supervising
- researching
- negotiating
- evaluating
- speaking
- drafting
- assuring quality
- analyzing
- monitoring
- interviewing
- influencing
- teaching
- managing resources
- resolving conflict
- setting deadlines
- negotiating
- ________________

Explain how you’ve used this skill in your internship and how this is adding to your professional development.

Remember STAR from the pre-departure workshop. In the space below document one of these skills by explaining the Situation surrounding its use, your Thoughts as you developed your plan, the Action you took and then describe the Results.

Name of Skill:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Date: ___________________________  Student’s Signature___________________________________