



## Student Work Performance Evaluation – 12 Month

|                        |              |                      |
|------------------------|--------------|----------------------|
| <b>Student Name:</b>   |              | <b>Job Title:</b>    |
| <b>Degree Program:</b> | <b>Date:</b> | <b>Company Name:</b> |
| <b>Key Job Duties:</b> |              |                      |

**Guidelines:** Please rate the student's performance in each of the following categories by checking the box which best indicates their performance and providing individualized comments where appropriate.

### 1. QUALITY OF WORK

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Very thorough. Errors few if any. | <input type="checkbox"/> High level. Only occasional corrections needed. | <input type="checkbox"/> Work usually passes review. Some errors. | <input type="checkbox"/> Erratic quality. Not thorough. Work review required. | <input type="checkbox"/> Not measurable/ applicable |
|--|--|---|---|---|

Comments: \_\_\_\_\_

### 2. QUANTITY OF WORK

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Exceptionally fast, efficient. Often handles extra work. | <input type="checkbox"/> Deadlines always met. Willing to handle extra work. | <input type="checkbox"/> Steady results. Usually on time with assignments. | <input type="checkbox"/> Frequently late in completing assignments. Needs prodding. | <input type="checkbox"/> Not measurable/ applicable |
|---|--|--|---|---|

Comments: \_\_\_\_\_

### 3. INITIATIVE AND DEDICATION

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> Self-starter. Seeks challenge. Attacks problems, solves on own. | <input type="checkbox"/> Needs minimal supervision. Tries to exceed standards. | <input type="checkbox"/> Puts generally good effort into work. Meets standards. | <input type="checkbox"/> Shows minimal interest in meeting standards. Needs close supervision. | <input type="checkbox"/> Not measurable/ applicable |
|--|--|---|--|---|

Comments: \_\_\_\_\_

### 4. COOPERATION AND TEAM WORK

- |  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> Always works in harmony with others. Great team player. | <input type="checkbox"/> Congenial and helpful. Works well with associates. | <input type="checkbox"/> Most relations with others are harmonious under normal conditions. | <input type="checkbox"/> Difficult to work with at times. Sometimes antagonizes others. | <input type="checkbox"/> Not measurable/ applicable |
|--|---|---|---|---|

Comments: \_\_\_\_\_

### 5. JUDGEMENT

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Unusual ability to develop alternatives. Openly accepts responsibilities. | <input type="checkbox"/> Good methodical thought processes. Good problem solving. Seeks counsel when necessary. | <input type="checkbox"/> Makes decisions based on company policies. Generally seeks counsel. | <input type="checkbox"/> Lacks confidence. Seeks supervision. Avoids responsibilities. | <input type="checkbox"/> Not measurable/ applicable |
|--|---|--|--|---|

Comments: \_\_\_\_\_

**6. 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: \_\_\_\_\_

**7. 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: \_\_\_\_\_

**8. WRITTEN COMMUNICATION**

- Always clear, well organized and easily understandable
- Usually clear, well organized and understandable; needs occasional checking/editing
- Sometimes clear and organized; requires some checking and editing
- Not consistently clear and concise; requires frequent checking and editing
- Not measurable/applicable

Comments: \_\_\_\_\_

**9. ORAL COMMUNICATION**

- Always clear, well organized, easily understandable; excellent public speaker
- Usually clear, well organized and understandable; comfortable speaking/presenting to groups
- Sometimes clear and organized; developing public speaking skills
- Occasionally encounters difficulty with expressing ideas clearly; some discomfort with public speaking
- Not measurable/applicable

Comments: \_\_\_\_\_

**MAJOR STRENGTHS**

**AREAS FOR IMPROVEMENT**

**OVERALL PERFORMANCE**

**SUPERVISOR NAME:** \_\_\_\_\_ **SUPERVISOR SIGNATURE:** \_\_\_\_\_

**SUPERVISOR PHONE:** \_\_\_\_\_ **SUPERVISOR EMAIL:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student Comments: \_\_\_\_\_

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

A work performance evaluation is an opportunity for you and your supervisor to reflect on your performance and these questions will help you prepare. A work evaluation should not be something your supervisor completes without you, nor should it be a one-sided conversation. This is your opportunity to discuss issues that may have arisen since your last appraisal. This is also your opportunity to highlight your successes and to learn from experiences that may have caused you difficulties.

Now that you are coming to the end of your internship (either finishing at the end of this month, or staying on for your final four months), this final evaluation asks you to do some deeper reflecting on your experience. You are NOT required to submit the student portion of the evaluation this time – please use the questions and ideas below as a guide for your own self-reflective process. We feel that thinking through answers to these questions will assist you engaging in a meaningful final evaluation with your supervisor.

Self-Review questions:

- Overall, what activities did I enjoy most?
- Overall, what activities did I do best?
- Overall, what activities did I find most challenging?
- Overall, what activities did I like the least, or need to improve on?
- What are some of the suggestions I've received to increase my effectiveness or understanding of my job responsibilities?
- What are some of the areas where I fell short of my plans or did not meet my goals?
- What are some of the work-related goals and interests that I would like to build on in the last few months of my internship?
- What things could I do before I leave that could help me pursue my career aspirations?
- Are there other comments or concerns I would like to discuss with my supervisor before the end of my internship?

The work performance evaluation is due at the 12 month mark of your internship. If you have any photos or final testimonials that you would like to send us, please send those along with this final evaluation!

Thank you!

QUIP Coordinators  
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