

EXPERIENTIAL LEARNING SUPERVISOR- STUDENT EVALUATION FORM

This form is to be completed and submitted at the end of the semester.

STUDENT INFORMATION								
NAME:				ID NUMBER:				
SCHOOL/DEPARTMENT:				EMAIL ADDRESS:				
INFORMATION								
SUPERVISOR'S NAME:				SUPERVISOR'S JOB TITLE:				
SUPERVISOR'S PHONE NUMBER:				SUPERVISOR'S EMAIL ADDRESS:				
STARTING DATE (DD/MM/YYYY):				COMPLETION DATE (DD/MM/YYYY):				
ABOUT THE STUDENT								
1. Please evaluate your experience on the following items by checking the appropriate rating.		Un-satisfactory	Needs Improvement	Satisfactory	Good	Very Good	Excellent	Not Applicable
		(1)	(2)	(3)	(4)	(5)	(6)	
	Arrived on-time							
	Making and meeting deadlines							
	Reliability and dependability							
	Completed required work							
	Oral communication skills							
	Written communication skills							
	Decision-making, setting priorities							
	Demonstrated critical thinking and problem solving skills							
	Quality of work							
	Behaved in a professional manner							
	Pursued opportunities to expand knowledge, skills, and abilities							
	Displayed appropriate interpersonal skills							
	Willingness to ask for help and guidance							
	Demonstrated sensitivity to a diverse work environment							
	Understood the activity's purpose as part of the greater community							

	Applied his/her own academic learning to the activity							
	Showed an awareness of the interplay between academic and professional knowledge pertaining to the activity							
	Displayed competence in academic and professional knowledge and skill in the experience							

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Faculty, Schools, Departments, and Programs can include additional evaluation criteria starting on this page.