MID-SEMESTER EVALUATION

Student is to meet & complete with supervisor, attain signature, & submit to instructor
Student Name: __________________________ Course & Section: __________

Please check if this student is meeting these responsibilities. Make any needed comment on the reverse side.

FULFILLMENT OF RESPONSIBILITIES:  Please use the following numerical ratings.
Ratings  1 Consistently Professional  2 Most of the time  3 Needs Improvement to continue

_____ Arrives promptly, prepared for the day
_____ Attendance is regular, as per the agreed upon days and times.
_____ In the event of illness calls to inform supervisor and advises of expected return.
_____ Is aware of school or agency standards for dress and behavior and meets them.
_____ Asks for further directions or instructions when needed.
_____ Takes initiative, when appropriate.
_____ Displays professional interactions with co-workers and others.
  Interacts with clients (i.e. children or population) in an appropriate manner, suitable to
_____ the activity.

AREAS OF GREATEST STRENGTH:  (In your opinion or after a discussion with the student)


AREAS FOR GROWTH, AS IDENTIFIED BY STUDENT:  Areas I am interested in for growth,
  improvement and/or experience


Student Signature __________________________ Date

Agency, School, or Program: __________________________________________

Supervisor’s Name: __________________________________________

Please Print

Supervisor’s Signature: __________________________ Date