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:


AREAS OF GREATEST GROWTH:


Student Signature ___________________________ Date __________

Agency, School, or Program: ____________________________

Supervisor’s Name: ____________________________

Supervisor’s Signature: ____________________________ Date __________