MID-SEMESTER EVALUATION
CALIFORNIA STATE UNIVERSITY SACRAMENTO _ CHILD DEVELOPMENT 132
DR. JUDY JUDD

Student Name (Print):
____________________________________________________________________

Meet & complete with supervisor for his/her signature before submitting.
Please check if this student is meeting these responsibilities, if not comment on the reverse side.

FULFILLMENT OF RESPONSIBILITIES:

___ 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 you 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 children 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: (In your opinion or after a discussion with the student)


Student Signature: ________________________________________ Date: ________________
Supervisor Signature: ________________________________ Date: ________________
Print Supervisor's Name: ________________________________