

SUPERVISOR EVALUATION OF STUDENT INTERNSHIP

CSC 195/195A _____ **CSC 295** _____

Student Name: _____ Date: _____

Organization: _____

Supervisor Name: _____ Phone: _____

Position: _____

Work period from: _____ to: _____

Average hours per week: _____ Copy of report received? _____

The above student has requested college units for the experience gained under your supervision. We would appreciate it if you would rate the student on the following:

Ability to develop a computerized solution to a real life problem using appropriate tools:

Outstanding	Above Average	Average	Below Average	Weak	Did Not Observe

Ability to function as a team member:

Outstanding	Above Average	Average	Below Average	Weak	Did Not Observe

Effective oral communication:

Outstanding	Above Average	Average	Below Average	Weak	Did Not Observe

Effective written communication:

Outstanding	Above Average	Average	Below Average	Weak	Did Not Observe

Appropriate use of presentation tools:

Outstanding	Above Average	Average	Below Average	Weak	Did Not Observe

Awareness of ethical and societal concerns:

Outstanding	Above Average	Average	Below Average	Weak	Did Not Observe

Additional comments (continue on back or attach a separate page if needed):

Thank you for your cooperation.

Supervisor's Signature