



SUPERVISOR'S EVALUATION

KSU EXPERIENTIAL EDUCATION PROGRAM: *Cooperative Education or Internship*

Student's Name:	(Please check one) Co-op Student <input type="checkbox"/> Internship Student <input type="checkbox"/>
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KSU #:	Supervisor's Name (printed):
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Major:	Company Name:
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Brief Description of Student's Job Duties:
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INSTRUCTIONS: The immediate Supervisor will evaluate the student objectively, comparing him/her with other students' comparable academic level, with other personnel assigned to similar classified jobs, or with individual and/or company standards. Using a scale of 1 to 5 (5=highest level of proficiency), please rate your Experiential Education student based on the skill categories listed below. Please make comments in the space provided.

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|--|--|---------------------------------------|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Communication | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Technical | <input type="checkbox"/> Attendance | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> Overall Performance | | |

Comments:

What do you consider to be the student's strongest assets?

What qualities and characteristics should the student especially strive to improve?

The KSU Experiential Education program meets the needs of my company and I would like to consider Cooperative Education or Internship students in the future. Yes No

This report has been discussed with the student. <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Signature: _____ Date: _____

PLEASE COMPLETE AND FAX OR MAIL TO: KSU EXPERIENTIAL EDUCATION PROGRAM

The Career Services Center, Kennesaw State University, 1000 Chastain Rd., #0118, Kennesaw, GA 30144-5591
Fax: (770) 423-6517 / Phone: (770) 423-6555 **QUESTIONS? Call Marc Holcomb at (770) 423-2532 or (770) 423-6555**