**Evaluation Feedback Form**

Student’s Name

Please rate the student on each of the characteristics/performances by checking each item in the appropriate column. Written space is provided at the end of the evaluation for comments or additional items. Evaluations are most instructive when there is an opportunity to discuss the performance criteria with the student.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Above Average | Average | Below Average | N/A |
| **Promptness:** Has been at your agency site on time |  |  |  |  |  |
| **Attendance:** Has been at your agency site when expected |  |  |  |  |  |
| **Reliability:** Has fulfilled the responsibilities as asked to perform |  |  |  |  |  |
| **Preparedness:** Has been prepared to perform assigned tasks and duties |  |  |  |  |  |
| **Attitude:** Has positive attitude toward assignments |  |  |  |  |  |
| **Quality of Work:** In general, the quality of the work has been: |  |  |  |  |  |
| **Independent Performance:** Worked independently |  |  |  |  |  |
| **Supervised Performance:** Worked well with the support of your supervision |  |  |  |  |  |
| **Desire to Learn:** Has sought opportunity to learn new skills and abilities |  |  |  |  |  |
| **Ability to Work with Other Staff:** Generally, has positive relations with other staff members |  |  |  |  |  |
| **Ability to Work with clients:** (youth, customers, residents, etc.) In general relations with site clients have been positive |  |  |  |  |  |
| **Ability to Accept Constructive Suggestions:** Has carefully consideredconstructive suggestions and adopted them when appropriate |  |  |  |  |  |
| **Overall Performance:** Overall performance rating |  |  |  |  |  |
| **Additional Comments on Above Ratings (Use back of sheet if needed):** | | | | | |

Evaluator’s Signature Date

Agency Name, Address, Phone, Email:

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