Student name:
Organization:
Organization supervisor:
Dates covered by rating: to

Please reflect carefully upon the student’s performance and make an honest judgment of his/her qualities. Base your judgment on the entire period covered and not upon isolated incidents. As a guideline, the following categories may be helpful. Insert the appropriate rating in the blank provided for each area to be rated.

OUTSTANDING Consistently exceptional in fulfilling requirements.
GOOD Regularly meets and occasionally exceeds minimum requirements.
FAIR Does passable work but does not extend her/himself.
POOR Fails to meet minimum requirements.

1. Knowledge of Position: Understanding of the requirements of the job, the student’s place in the organization, and expectations placed on the student.

Rating:
Strong Points:

Suggestions for Improvement:

2. Quality of Work: Organization, thoroughness, accuracy, ability to learn new skills, soundness of decisions.

Rating:
Strong Points:

Suggestions for Improvement:
3. **Interpersonal Skills:** Respect, tact, insight, effectiveness, courtesy.

**Rating:**
**Strong Points:**

**Suggestions for Improvement:**

4. **Communication Skills:** Ability to communicate effectively with other staff members, and ability to secure acceptance of ideas, methods, procedures, and plans by other staff members. Consideration of other viewpoints.

**Rating:**
**Strong Points:**

**Suggestions for Improvement:**

5. **Responsibility:** Dependability, ability to meet schedules, and to follow instructions.

**Rating:**
**Strong Points:**

**Suggestions for Improvement:**

6. **Independent Functioning:** Ability to perform without constant supervision and to function constructively on own initiative when necessary.

**Rating:**
**Strong Points:**

**Suggestions for Improvement:**
7. **Attitude**: Interest, enthusiasm, willingness to learn new tasks, and support of overall mission of agency.

Rating:
Strong Points:

Suggestions for Improvement:

8. **Independent Project**: Initiative, planning, responsibility and management of special project related to forestry.

Rating:
Strong Points:

Suggestions for Improvement:

**OVERALL PERFORMANCE**:  

Rating:
Strong Points:

Suggestions for Improvement:

**Student Comments**: 

Supervisor’s Signature: _________________________________ Date: __________

Student’s Signature: _________________________________ Date: __________

Please return this form to the faculty mentor for this course or the Student Services Coordinator (Fax: 928-523-1080). Thank you.