

Midterm Employer Evaluation Form

Student Name:	Employer Name:
Job:	Job Title:
Supervisor:	Supervisor Title:
Supervisor Phone:	Supervisor Email:
Start Date:	End Date:
Hours Per Week:	
Total Hours Completed:	

Attitude/Application To Work:

- Outstanding
- Very Good
- Average
- Needs Improvement

Dependability:

- Outstanding
- Very Good
- Average
- Needs Improvement

Punctuality:

- Outstanding
- Very Good
- Average
- Needs Improvement

Judgement:

- Outstanding
- Very Good
- Average
- Needs Improvement

Initiative:

- Outstanding
- Very Good
- Average
- Needs Improvement

Creativity:

- Outstanding
- Very Good
- Average
- Needs Improvement

Teamwork:

- Outstanding
- Very Good
- Average
- Needs Improvement

Adaptability/Flexibility:

- Outstanding
- Very Good
- Average
- Needs Improvement

Problem-Solving:

- Outstanding
- Very Good
- Average
- Needs Improvement

Written Communication:

- Outstanding
- Very Good
- Average
- Needs Improvement

Oral Communication:

- Outstanding
- Very Good
- Average
- Needs Improvement

Oral Presentation:

- Outstanding
- Very Good
- Average
- Needs Improvement

Interpersonal Skills:

- Outstanding
- Very Good
- Average
- Needs Improvement

Listening:

- Outstanding
- Very Good
- Average
- Needs Improvement

Accuracy/Quality of Work:

- Outstanding
- Very Good
- Average
- Needs Improvement

Planning/Time Management/Organizational Skills:

- Outstanding
- Very Good
- Average
- Needs Improvement

If applicable: Is there an improvement plan to help the student strengthen their skills in the areas they need improvement? If so, what is it?

Additional Comments: