



VERA Z. DWYER SCHOOL OF HEALTH SCIENCES

DIVISION OF HEALTH SCIENCES

Bachelor of Science in Health Sciences

SUPERVISOR EVALUATION OF SERVICE LEARNING STUDENT

This evaluation is designed primarily to provide feedback on performance and assist the student in professional growth. This form is to be completed and submitted at mid and end of the semester.

SUPERVISOR INFORMATION							
NAME:				JOB TITLE:			
ORGANIZATION'S NAME:				PHONE NUMBER:			
EMAIL ADDRESS:							
INTERNSHIP INFORMATION							
STUDENT'S NAME:							
STARTING DATE (DD/MM/YYYY):				COMPLETION DATE (DD/MM/YYYY):			
ABOUT THE INTERN							
1. Please evaluate this student on the following items by checking the appropriate rating.		Excellent	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
	Arrived to work on-time						
	Behaved in a professional manner						
	Effectively performed assignments						
	Oral communication skills						
	Written communication skills						
	Computer Skills						
	Ability to work with others						
	Ability to adapt to a variety of tasks						
	Decision-making, setting priorities						
	Reliability and dependability						
	Attention to accuracy and details						
	Willingness to ask for help and guidance						
	Quality of work						

	Demonstrated critical thinking and problem-solving skills						
	Making and meeting deadlines						
	Interest and enthusiasm about the service-learning experience						
2.	Describe the ways in which the student's performance benefited your organization.						
3.	What development have you observed in the student's skills, knowledge, personal and/or professional performance?						
4.	What do you consider to be the student's strengths?						
5.	In what areas does the student need to improve?						
6.	Overall, how do you rate your experience with <u>this student</u>	Excellent	Good	Average	Poor		
ABOUT THE INTERNSHIP EXPERIENCE							
1.	What are your suggestions for improving the School of Applied Health Science's service learning program?						
2.	Based on your experience, would you supervise other School of Applied Health Science's service learning students?						
3.	Do you have any other comments that will help the School and our students?						
4.	Overall, how do you rate your experience with <u>this experience</u>	Excellent	Good	Average	Poor		
SUPERVISOR'S SIGNATURE				DATE			