

WEEKLY ADVISOR EVALUATION FORM

Student's Name: _____ Date: _____

Advisor's Name: _____ Meeting #: _____

Please check *Satisfactory* or *Unsatisfactory* for each criterion corresponding to the student's performance.

Criteria	Satisfactory	Unsatisfactory	Comments
Attends scheduled meetings and is prompt			
Makes daily journal entries			
Demonstrates in-depth reflection in the journal by making connections and drawing conclusions			
Demonstrates in-depth reflection in the journal by posing questions for further reflection			
Demonstrates in-depth reflection in the journal by rethinking experiences and linking his/her experience to the 'bigger picture'			
Demonstrates initiative			
Manages time effectively			
Takes work seriously and shows enthusiasm			
Exhibits positive and productive working relationships			
Is on target with goals			

FINAL COMMENTS: