



Student Evaluation & Timesheet

Office of Career and Technical Education

☐ Co-Op
☐ Mentoring

☐ Job Shadowing
☐ Internship

Work Period (two-week cycle)
Start Date: End Date:

Student Information

Student's Name:

Date:

Employer:

Worksite Supervisor's Name:

Worksite Supervisor's Phone Number:

Evaluation Information

**Instructions: Please mark the student's rating for the competencies listed below.
Use the comments area to list any specific praise or concern with the student's performance.**

Use the following scale for evaluation: 1—Poor 2—Needs Improvement 3—Average 4—Good 5—Excellent

1 2 3 4 5

Attendance/Punctuality

Appropriate Dress

Positive Attitude

Dependability

Initiative

Following Directions

Job Knowledge

Cooperation

Adaptability/Flexibility

Coworker Relationships

Time Management

Quality of Work

Quantity of Work

Follows Company Rules

Attention to Safety

Equipment Usage

Industry Terminology

Response to Training

Additional Comments:

Total Hours Worked each day:

Week 1					Week 2				
Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday

Worksite Supervisor's Signature:

Date: