

**Shasta View Academy**  
214 West 1<sup>st</sup> Street  
Alturas, CA 96101  
Phone: (877) 533-3861 Fax: (877) 233-3864

**Student Performance Evaluation Form**

CAREER EXPLORATIONS       INTERNSHIP       SERVICE LEARNING

**A copy of this form must be filed in student's record.**

Student Name: \_\_\_\_\_

Cooperating Supervisor: \_\_\_\_\_

Semester                       Fall                       Spring

Dates of Assignment: From \_\_\_\_\_ To: \_\_\_\_\_

We urge the evaluating supervisor to assess the student's performance. Please be candid. This evaluation is important to the student's personal and professional development. The teacher will use your evaluation in considering the student's final grade.

1. Briefly describe the position and responsibilities assigned to the student. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Indicate the equipment, hardware, software, instruments, tools, etc. the student utilized. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What are the student's major strengths and assets? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please continue on the next page)

Please use the following scale:

Excellent - 5   Above Average - 4   Average - 3   Below Average - 2   Poor - 1   Not Applicable – N/A

4. Please rate the student's:

Appearance: \_\_\_\_\_

Attitude: \_\_\_\_\_

Math Skills: \_\_\_\_\_

Oral Communication Skills: \_\_\_\_\_

Problem Solving: \_\_\_\_\_

Written Communication Skills: \_\_\_\_\_

Customer Service: \_\_\_\_\_

Professionalism: \_\_\_\_\_

Dependability: \_\_\_\_\_

Teamwork: \_\_\_\_\_

Leadership: \_\_\_\_\_

Overall Performance: \_\_\_\_\_

5. Supervisor's comments (accomplishments or lack thereof during the assignment period):

---

---

---

---

6. Would you be willing to accept another Shasta View Academy student in the future? \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date