**SBISD Academy of Finance**

**Stratford Senior High School**

Kristy Schaper *Telephone: 713.251.3546*

AOF Campus Coordinator *Email*: pamela.schaper@springbranchisd.com

14555 Fern *Fax:* 713.251.3420

Houston, Texas 77079

|  |  |
| --- | --- |
| **Student Name** |  |
| **Company Name** |  |

#### Employer Evaluation of Student Intern

**Due: Thursday, August 29, 2019**

*(To be filled out by supervisor)*

The evaluating supervisor will complete this portion of the evaluation. We urge that each evaluating supervisor evaluate the student’s performance together with him/her. Please be candid. This joint evaluation is of paramount importance to the student’s professional and personal development. The evaluation will be a guide for counseling the student. Additional space is provided for your comments. Please comment on any evaluation marked marginal or unsatisfactory. Please complete at the end of the AOF Internship.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHARACTERISTICS** | **Excellent** | **Very Good** | **Average** | **Marginal** | **Unsatisfactory** |
| **1.**  | **Desire and willingness to take on new assignments** |  |  |  |  |  |
| **2.**  | **Ability to learn** |  |  |  |  |  |
| **3.**  | **Quality of work** |  |  |  |  |  |
| **4.**  | **Willingness to work through an assignment to completion** |  |  |  |  |  |
| **5.**  | **Ability to communicate** |  |  |  |  |  |
| **6.**  | **Judgment** |  |  |  |  |  |
| **7.**  | **Imaginativeness & resourcefulness** |  |  |  |  |  |
| **8.**  | **Dependability** |  |  |  |  |  |
| **9.**  | **Attitude toward work** |  |  |  |  |  |
| **10.**  | **Attendance** |  |  |  |  |  |
| **11.**  | **Promptness in reporting to work** |  |  |  |  |  |
| **12.**  | **Ability to keep things confidential** |  |  |  |  |  |
| **13.**  | **Cooperation and willingness to work well with others** |  |  |  |  |  |

# Student Evaluation Form for: Page 2

**Description of Assignment:**

**Narrative Appraisal of Performance:**

**Additional Comments:**

**It is my understanding that this student will have access to the information in this evaluation.**

**The approximate number of hours the student intern worked this summer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Phone Number**

**Evaluator E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Title Date**