

STUDENT PERFORMANCE EVALUATION
Internship/Co-op in Computer Science
Framingham State University
To be completed at mid-point and end-point of co-op period

Student's Name _____
Employer Name _____
Employer Address _____
Supervisor Name _____ Telephone _____
Supervisor Email _____ Fax _____
Dates of Co-op Start _____ End _____ Hours per Week _____
Student Job Title _____
Job Description _____

Job Responsibilities

PLEASE RATE BY CHECKING THE APPROPRIATE COLUMN

	Excellent	Good	Satisfactory/ Needs Improvement	Unsatisfactory	Unable to Rate
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PROFESSIONAL QUALIFICATIONS

1. Promptness and regularity of attendance
2. Thoroughness in following instructions
3. Quickness in learning policies and procedures
4. Ability to relate assignments to goals of business or organization
5. Ability to perform under pressure
6. Interest in profession

HUMAN RELATIONSHIPS

1. Ability to accept constructive criticism
2. Open-mindedness (willingness to listen and learn)
3. Relationships with others: Co-workers
Supervisors
4. Enthusiasm

Excellent	Good	Satisfactory/ Needs Improvement	Unsatisfactory	Unable to Rate
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TECHNICAL SKILLS

1. Understanding task at hand
2. Completion of assigned projects
3. Attention to detail
4. Quality of Work

INITIATIVE

1. Resourcefulness in discharging
2. Quality of judgments
3. Capacity to carry out work assignments:
 - From a quality standpoint
 - From a quantity standpoint

COMMUNICATIONS

1. Ability to state ideas clearly and effectively to others
2. Ability in written self-expression

APPEARANCE

1. Neatness and personal grooming habits
2. Attire appropriate to the setting

Please comment on the student's development throughout the work period (areas where student excels and/or where student needs to improve)

Please comment on any significant attitudes or performance exhibited by the intern.

Grade: Please indicate the letter grade you feel best indicates the student's overall performance.

Excellent	A+	A	A-
Good	B+	B	B-
Satisfactory	C+	C	C-
Needs much improvement	D+	D	D-
Unacceptable	E		

Grade: Choose an item. _____

Print name of Evaluator: _____ **Telephone:** _____

Signature of Evaluator: _____ **Date of evaluation:** _____

Email from evaluator's email address will serve as signature.

I have discussed this evaluation with the student.

Signature of Evaluator: _____ **Date of discussion:** _____

Email from evaluator's email address will serve as signature.

Please complete and email Student Evaluation Form by Mid and End point of co-op/internship term.

Winter (January through May/June) submit report by March 1 and May 1

Summer (May/June through August) submit report by July 1 and August 15

Summer/Fall (6 month co-op) submit report by September 1 and December 15

Fall (September through December) submit report by October 15 and December 15

Please email the report FROM YOUR BUSINESS EMAIL account to:

Prof. Conny Breuning cbreuning@framingham.edu

Thank you!

Cooperative Education Program Coordinator

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