Eastern Florida STATE COLLEGE
Career Services

HOST PERFORMANCE EVALUATION

Instructions to Host/Supervisor: Please assess the work performance of the student based on the characteristics and attributes listed by checking the appropriate box in each category. Email this completed evaluation to the Internship Representative at InternshipOffice@easternflorida.edu no later than the designated ending date.

EFSC Student Name _____

Host/Supervisor Name _____

Host/Supervisor Title _____

Organization Name _____ Telephone Number _____

At the start of this learning experience, was the student employed at this organization? ☐ YES ☐ NO

STUDENT PERFORMANCE AREAS

Job Knowledge	☐ Poor	☐ Fair	☐ Satisfactory	☐ Good	☐ Excellent
Work Quality	☐ Poor	☐ Fair	☐ Satisfactory	☐ Good	☐ Excellent
Attendance/Punctuality	☐ Poor	☐ Fair	☐ Satisfactory	☐ Good	☐ Excellent
Attitude	☐ Poor	☐ Fair	☐ Satisfactory	☐ Good	☐ Excellent
Communication/Listening Skills	☐ Poor	☐ Fair	☐ Satisfactory	☐ Good	☐ Excellent
Dependability	☐ Poor	☐ Fair	☐ Satisfactory	☐ Good	☐ Excellent

EMPLOYABILITY

Based on your observation of the student, was he/she adequately prepared for this experience? Consider Educational preparation and work experience. ☐ YES ☐ NO

Would you consider offering this student a job if a position was available? ☐ YES ☐ NO

Did you offer this student employment? ☐ YES ☐ NO

COMMENTS

VERIFICATION OF REVIEW

Assessment of the work performance will be a joint effort by the site's Host Performance Evaluation and the Instructor. Course grade will be assigned by the instructor.

_____ _____

Signature Date