



901 South National / Springfield, MO 65897 / PHONE 417.836.5636 / FAX 417.836.6797

Student Appraisal Review

Return completed form to the Missouri State University Career Center by _____

The student's co-op/internship immediate supervisor is asked to provide a candid evaluation of the student's performance. Honest, constructive criticism is solicited. The information will be used by the Missouri State University co-op staff and the student's faculty co-op advisor in the career and academic guidance of the student and to assist in determining the co-op course grade. **We encourage you to discuss this appraisal with the student.** This will be part of the co-op file and is subject to student's review.

Student Name _____

Employing Firm _____

Immediate Supervisor _____

PERFORMANCE LEVELS

- S = Superior Is significantly above the proficiency level: exceeds most standards and expectations.
- P = Proficient Is fully satisfactory: meets standards and expectations; may exceed several.
- N= Needs Improvement Comes close to meeting standards and expectations, but shows need for improvement.
- U= Unsatisfactory Is significantly below the proficiency level: meets few standards and expectations. Rapid improvement is required to retain position.

OVERALL EVALUATION OF PERFORMANCE _____

EVALUATOR'S SIGNATURE _____

TITLE _____ DATE _____

PERFORMANCE REVIEW (Use above listed performance levels) ■ ACHIEVEMENT OF WORK ASSIGNMENTS (provide supporting evidence)

Quality of work _____

_____ Rating

Quantity of work _____

_____ Rating

Ability to learn on the job _____

_____ Rating

Adequate academic background for position _____

_____ Rating

Student Appraisal Review Continued

■ WORK RELATED ACTIVITIES (provide supporting evidence)

Interest in work _____

Rating

Initiative _____

Rating

Judgement _____

Rating

Adaptability _____

Rating

Overall Attendance _____

Rating

■ ORGANIZATION (provide supporting evidence)

Time management _____

Rating

Planning _____

Rating

■ RELATIONS WITH OTHERS (provide supporting evidence)

Ability to get along well with co-workers _____

Rating

Acceptance of constructive criticism/suggestions _____

Rating

■ COMMUNICATION SKILLS (provide supporting evidence)

Oral Communication _____

Rating

Written Communication _____

Rating

■ ACCOMPLISHMENTS (Optional)

Describe any noteworthy projects of accomplishments the students has completed this semester _____

■ STUDENT COMMENTS (Optional)

STUDENT SIGNATURE _____ DATE _____