**SUPERVISOR EVALUATION**

**Supervisor Name: Department:**

**Student Name: Position in Company:**

Please rate the student on the items below using the scale of 1-5, with 1 being “strongly disagree” and 5 being “strongly agree”; “N/A” is for those individuals where this does not apply.

**Behaviour**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Behaves and expresses oneself in an open and honest manner | 1 | 2 | 3 | 4 | 5 | N/A |
| 2 | Is a team player | 1 | 2 | 3 | 4 | 5 | N/A |
| 3 | Appropriately handles difficult situations | 1 | 2 | 3 | 4 | 5 | N/A |
| 4 | Accepts and deals with criticism and suggestions  | 1 | 2 | 3 | 4 | 5 | N/A |
| 5 | Is dependable | 1 | 2 | 3 | 4 | 5 | N/A |
| 6 | Follows through on all assignments and commitments | 1 | 2 | 3 | 4 | 5 | N/A |
| 7 | Completes tasks in a timely fashion | 1 | 2 | 3 | 4 | 5 | N/A |
| 8 | Considerate to the needs of others | 1 | 2 | 3 | 4 | 5 | N/A |
| 9 | Demonstrates commitment to goals, initiatives, policies & procedures | 1 | 2 | 3 | 4 | 5 | N/A |
| 10 | Shows interest and enthusiasm at the workplace | 1 | 2 | 3 | 4 | 5 | N/A |

**Performance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Exceeds expectations in all tasks and goals | 1 | 2 | 3 | 4 | 5 | N/A |
| 2 | Possesses adequate technical proficiency to get the job done | 1 | 2 | 3 | 4 | 5 | N/A |
| 3 | Prioritizes tasks based on importance | 1 | 2 | 3 | 4 | 5 | N/A |
| 4 | Is actively seeking growth and development for oneself and the team | 1 | 2 | 3 | 4 | 5 | N/A |
| 5 | Is open to suggestions and change | 1 | 2 | 3 | 4 | 5 | N/A |
| 6 | Actively offers ways to improve | 1 | 2 | 3 | 4 | 5 | N/A |
| 7 | Shows competence in solving problems and making decisions | 1 | 2 | 3 | 4 | 5 | N/A |
| 8 | Maintains focus | 1 | 2 | 3 | 4 | 5 | N/A |
| 9 | Overcomes obstacles | 1 | 2 | 3 | 4 | 5 | N/A |
| 10 | Produces quality and timely results | 1 | 2 | 3 | 4 | 5 | N/A |

Please list any areas where you feel the student is doing particularly well.

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Please list any areas where you feel the student could improve.

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What three goals should the student focus on moving forward?

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| --- | --- | --- |
|  |  |  |

**Student Feedback:**

|  |  |
| --- | --- |
| Student’s Signature: |  |
| Supervisor’s Signature: |  |
|  | Date: |