

NEW SHOREHAM SCHOOL DISTRICT
BLOCK ISLAND SCHOOL
COOPERATIVE WORK STUDY/INTERNSHIP PROGRAM

SUPERVISOR'S EVALUATION

Student's Name _____

Student Assignment _____

Evaluation for period ending _____

Thank you for your support of the Cooperative Work Study/Internship Program.

In order to give credit for the time and effort given to this program, we would like to have your evaluation for the following areas. Please grade on a 1 – 5 scale with 1 = excellent and 5 = inadequate.

_____ Attitude

_____ Initiative

_____ Appearance

_____ Dependability

_____ Competence

_____ Progress

Other Comments:

ATTENDANCE: Dates Absent _____ Tardy _____

Supervisor's Signature

Date