

Employer Evaluation/Volunteer Supervisor Feedback

Student Name: _____

Employer/Supervisor Name: _____

Employer/Supervisor Phone Number: _____

Date: _____

The students must have feedback from their employer or supervisor in order to complete grad requirements. Your constructive feedback enables students to gain maximum benefit from the experience. Thank you for your input. *(letter is optional)*

Please circle a rating for each of the following and make comments as you wish.
N/A Not applicable 1=Poor 2= Satisfactory 3=Good 4=Very Good 5= Excellent

1. General attitude toward work, co-workers, supervisor.

N/A 1 2 3 4 5 Comments: _____

2. Dependability/Reliability/Attendance.

N/A 1 2 3 4 5 Comments: _____

3. Personal grooming and appearance

N/A 1 2 3 4 5 Comments: _____

4. Enthusiasm/Interest/Initiative

N/A 1 2 3 4 5 Comments: _____

5. Courtesy in dealing with the public

N/A 1 2 3 4 5 Comments: _____

6. Communication Skills (Written and verbal)

N/A 1 2 3 4 5 Comments: _____

General Comments: _____

Name:

Community Connections Reflection
(Work Experience or Volunteerism – 30 hours minimum)

_____ Proof of hours attached (log of hours or letter from supervisor)

1. Describe your job or responsibilities:

2. What part or parts of the job/role did you like the most? Why?

3. What part or parts of the job/role did you like the least? Why not?

4. If work experience, what duties do you think were the most important or essential? If volunteer hours, what benefit did the event or your activities provide to the community? Explain.

5. What did you learn from this experience in terms of what kind of work you would like to do in the future?

6. If you did this job or role again, what improvement could you make in your performance?
