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|  | DIVISION OF VOCATIONAL REHABILITATION (DVR)  **Internship: Customer Evaluation** | | | | | | | |
| YOUR NAME | | | | COMPANY NAME | | | | |
| SUPERVISOR’S NAME | | | | DATE | YOUR POSITION OR ASSIGNMENT | | | |
| **Part 1. Performance Scale** | | | | | | | | |
| Please complete this evaluation at the end of the internship. You are encouraged to discuss the completed form with your host employer and DVR staff. Please use the scale below to evaluate your performance in the areas below. | | | | | | | | |
| **1** | | **2** | **3** | | | **4** | **5** | **6** |
| Need more training or education | | Performing below expectations | Acceptable performance | | | Above average performance | Superior performance | Not applicable |
| **General Workplace Performance:** 1 2 3 4 5 6  Attendance and punctuality  Verbal and written communication skills  Appropriately groomed and dressed  Ability to get along with others  Ability / willingness to accept supervision  Professional and ethical behavior  Self-motivation and advocacy  Taking initiative to ask questions  Met deadlines and sets priorities  Ability to follow instructions  **How would you assess your overall intern experience?**  Outstanding  Above average  Satisfactory  Below average  Unsatisfactory | | | | | | | | |
| **Part 2. Optional** | | | | | | | | |
| This section gives you the opportunity to reflect on your internship experience. | | | | | | | | |
| What do you consider your major strengths to be? | | | | | | | | |
| Where could you improve? | | | | | | | | |
| Were you able to meet the specific skills needed for this job (for example, fine and gross motor skills, ability to stay on task without distractions, familiarity with other specific tasks)? | | | | | | | | |
| Other comments or recommendations? | | | | | | | | |
| Would you be interested in:  Looking for jobs in this industry  Applying for a similar job at another company  Applying for a job at this company  **Thank you for your time to complete this evaluation!** | | | | | | | | |