

Western University  
 DAN Department of Management and Organizational Studies

**EMPLOYER PERFORMANCE EVALUATION FORM**  
 (suggested format)

Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

Please indicate:    G    8 - 12 month evaluation form  
                           G    16 month evaluation form

Performance Graded	A	B	C	D	E	Comments (if any)
Ability to Learn						
Skill Level Attained						
Quality of Work						
Volume of Work						
Initiative						
Organization and Planning						
Judgment						
Reliability						
Interaction with Others						
Communication Skills: Oral						
Communication Skills: Written						
Overall Performance Rating						

A = Excellent    B = Very Good    C = Average    D = Fair    E = Poor

Please indicate:

Acceptance of Criticism and Suggestions	Appreciative	Resentful
Attendance	Regular	Irregular
Punctuality	Regular	Irregular
Grooming	Appropriate	Inappropriate

Employee's major technical duties:

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Please write comments on OVERALL PERFORMANCE:

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Has this evaluation been discussed with the employee?                      YES                      NO

Name of Evaluator: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Note: Any observations you have on this program or the preparation of the student would be welcome.

PLEASE RETURN TO:

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