

DAN Department of Management and Organizational Studies Internship Program

EMPLOYER PERFORMANCE EVALUATION FORM
(suggested format)

Employee Name:

Start Date:

Position:

Work Term Length (8, 12 or 16 months):

Performance Evaluation

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

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						



Please indicate:

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

Please list the employee's major technical duties:

Please write comments on OVERALL PERFORMANCE:

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 are welcome.

**PLEASE RETURN COMPLETED FORM TO:
MOS Internship Program - mosintern@uwo.ca**