

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal and written communication skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately groomed and dressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability / willingness to accept supervision.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional and ethical behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation and advocacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking initiative to ask questions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met deadlines and sets priorities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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!