South Arkansas Community College

Student Self-Evaluation

Student: _____________________________  Company: _____________________________

Date: ______________________________  Supervisor: _____________________________

Semester: ___________________________  Coordinator: ___________________________

Instructions: Please rank your performance according to rating.

RATING SCALE

5 – Outstanding – exceptional in all areas  2 – Improvement Needed – deficient areas

4 – Very Good – high quality and consistent  1 – Unsatisfactory - unacceptable

3 – Good – consistently met standards

__ Communication:  Demonstrates the ability to speak, listen, read, and write on tasks

__ Problem Solving:  Identifies problems, understands context, and develops solutions

__ Decision-Making:  Demonstrates ability to learn and make decisions to complete task

__ Organization/Time Mgmt:  Gathers, organizes, and evaluates information; and uses time effectively

__ Professionalism:  Meets standards on confidentiality, flexibility, appearance

__ Interacts with Others:  Works professionally and respectfully with a diverse co-workers and supervisors, resolving conflict

__ Quality of Work:  Performance of work generally of high-quality, error free
All aspects of Organization/Industry: Understand the dynamics of organization; health, safety, role of business in community

Attendance/Punctuality: Consistent record of attendance and punctuality

Attitude: Enthusiasm and positive attitude for the job

Comments: Was your experience what you expected? Why or Why not?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
What did you learn from the Internship opportunity?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Would you participate in an Internship Program again? Why or Why not?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Would you participate in an Internship opportunity again with this company? Why or Why not?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Student Signature: ___________________________________________________________