



# DAKOTA WESLEYAN UNIVERSITY

## FINAL EVALUATION OF STUDENT BY SITE SUPERVISOR

Student Name \_\_\_\_\_

*You are urged to discuss this evaluation with the student before returning it to Dakota Wesleyan University. This evaluation will not be confidential.*

<b>Relations with Others</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/> Unable to Evaluate	<b>Ability to Learn</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/> Unable to Evaluate	<b>Attitude Toward Work</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/> Unable to Evaluate	
<b>Judgment</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/> Unable to Evaluate	<b>Quality of Work</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/> Unable to Evaluate	<b>Dependability</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/> Unable to Evaluate	
<b>Attendance</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular			<b>Punctuality</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular
<b>Overall Rating</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor			

Please comment on the student's strengths and areas for improvement. Please use the reverse side, if necessary.

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Name of Evaluator	Title	Organization Name
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Address	Telephone Number	Date
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