

Business Sponsor's Internship/Job Shadowing/Volunteer Evaluation

Student Name: _____ Business Name: _____

Business Sponsor (Person): _____

Number of Hours Served: _____ 20 _____ 40 _____ 60 _____ Other (Specify number of hours)

Brief Description of Experience: _____

This evaluation will help the school assign academic credit for this internship/job shadowing/volunteer experience. Please share this evaluation with the student as we feel this is a valuable learning experience and opportunity for growth. Thank you for your support and your willingness to engage in the education of our students.

Personal Qualities	Excellent	Above Average	Average	Below Average	Not Applicable
1. Accepts and fulfills responsibilities					
2. Exercises good judgment					
3. Is friendly and courteous					
4. Accepts and understands the needs, feelings of others					
5. Is accepted well by other employees					
6. Is dependable					
7. Is willing to accept suggestions					
8. Is conscientious in fulfilling assignments					
9. Follows directions					
10. Work is neat and accurate					
11. Is honest and sincere					
12. Asks appropriate questions					
13. Is punctual					
14. Calls if unable to attend					
15. Is cooperative and industrious					
16. Is creative					
17. Shows initiative					
18. Is flexible					

Please evaluate overall performance:

Circle One: 10 9 8 7 6 5 4 3 2 1
 Excellent Above Average Average Below Average

Comments: _____

Business Sponsor's Signature: _____ Date: _____

Telephone Number: _____ Email: _____