

## Supervisor's Mid-Term Feedback

Please complete the form and return to the student to take to the faculty member.

Student: \_\_\_\_\_

Community Partner: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION I: Student Learning

Scale:	0	No Knowledge	3	Acceptable
	1	Poor	4	Above Expectations
	2	Below Expectations	5	Excellent

#### A. Ability to Learn

Accepts constructive criticism	0	1	2	3	4	5
Asks pertinent and relative questions	0	1	2	3	4	5
Learns quickly and effectively	0	1	2	3	4	5

**Comments:**

#### B. Judgment

Considers all factors and circumstances	0	1	2	3	4	5
Demonstrates ability to prioritize assignments	0	1	2	3	4	5
Accepts responsibility for all work performed	0	1	2	3	4	5

**Comments:**

#### C. Relations with others

Supports and contributes to a team atmosphere	0	1	2	3	4	5
Respects the diversity of co-workers	0	1	2	3	4	5
Seeks to support organizational goals	0	1	2	3	4	5
Carries appropriate share of workload	0	1	2	3	4	5

**Comments:**

#### D. Attitude

Exhibits positive and constructive attitude	0	1	2	3	4	5
Brings a sense of value and integrity	0	1	2	3	4	5
Behaves in an ethical and cooperative manner	0	1	2	3	4	5

**Comments:**

#### E. Dependability

Meets deadlines	0	1	2	3	4	5
Reports as scheduled and on-time	0	1	2	3	4	5
Dress and appearance are appropriate	0	1	2	3	4	5

**Comments:**

#### F. Quality of Work

Communicates ideas and concepts clearly	0	1	2	3	4	5
Effectively participates in meeting and group settings	0	1	2	3	4	5
Is self-motivated	0	1	2	3	4	5

**Comments:**

SECTION II: Learning Contract and Supervision

1. Do you have a copy of the student's Learning Contract? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Is the student accomplishing his/her objectives as stated in the Learning Contract? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Is the student meeting the obligations as contracted? Yes\_\_\_\_\_ No\_\_\_\_\_ If not, please explain your answer.
4. Has your office been able to provide sufficient tasks and opportunities that enhance the student's skills? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:
5. Student's anticipated end date: \_\_\_\_\_
6. How many hours per week has the student been spending at the office or working on projects? \_\_\_\_\_ hrs/week
7. How often to you meet with the student? \_\_\_\_\_ times per week
8. What are the student's strongest assets/contributions to your organization?
9. Do you see any need to make adjustments to the position at this time? If yes, please explain. Yes \_\_\_\_\_ No\_\_\_\_\_
10. Do you wish to meet/discuss with SSU at this time? If yes, please explain. Yes \_\_\_\_\_ No\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

SSU Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_