

**EDUCATION TO CAREERS AND PROFESSIONS PROGRAM
CHAMPAIGN UNIT #4 SCHOOL DISTRICT**

Name of Student Intern _____
Date & Time you Received this Form _____

CAREER ADVISER EVALUATION FORM

	Excellent		Average		Poor
	5	4	3	2	1
On time for his or her appointments	_____	_____	_____	_____	_____
Has dressed appropriately for all meetings	_____	_____	_____	_____	_____
Respectful of you and other employees	_____	_____	_____	_____	_____
Positive attitude, pleasant, enthusiastic, and polite	_____	_____	_____	_____	_____
Active participant, student takes initiative	_____	_____	_____	_____	_____
Ability to communicate with you	_____	_____	_____	_____	_____
Rate your relationship with your student intern	_____	_____	_____	_____	_____

How many times has your student intern come to work with you this semester?
Please circle one: (1 – 5); (6 – 10); (11 – 15); (16 – 20); (21 or more).

At this point in the semester, do you feel that your student intern is putting forth the time and effort needed to accomplish the objectives of his or her internship project? Please provide specific comments below. Feel free to attach additional sheets if necessary.

What is your overall evaluation of your student intern? Please provide specific comments. Feel free to attach additional sheets if necessary.

Career Adviser Signature _____ Today's Date ____ / ____ / ____