



Internship / Practicum / Curricular Practical Training (CPT)

Supervisor's Evaluation

Date: ____/____/____

Student's First and Last Name: _____

VIU ID: _____ Summer/Fall/Spring: _____ # of Weekly Working Hours: _____

WAIVER: I hereby waive my right to view this evaluation provided to Virginia International University at my request.

Student's Signature: _____

Company Name: _____

Location: _____

Use the scale below to record your evaluation of the above-named CPT student.

The Student	Excellent	←—————→			Poor
Was able to work independently	5	4	3	2	1
Worked well with others	5	4	3	2	1
Performed work as assigned	5	4	3	2	1
Demonstrated technical skills	5	4	3	2	1
Was punctual	5	4	3	2	1
Demonstrated initiative & creativity	5	4	3	2	1
Showed maturity and judgment	5	4	3	2	1
Displayed a positive attitude	5	4	3	2	1
Overall performance	5	4	3	2	1

Additional Comments: _____

Supervisor's: _____

Name

Title

Signature