

Student Submission

Department of Animal Sciences Evaluation of Student Intern

The undergraduate student ("Student") interning with the respective Cooperating Agent or Employer ("Cooperator") should fill out necessary contact and internship information below. Please make sure the email used for the Cooperator is accurate and spelled correctly. Submission of this form will automatically send the Cooperator an email to complete the evaluation form.

Student Information:

First Name

Last Name

Internship Start Date (mm/dd/yyyy)

Internship End Date (mm/dd/yyyy)

Average No. Hours Worked Per Week
(Number value only)

Brief Internship Job Description/Title

Email

Cooperator Information:

Prefix or Salutation (Dr., Mr., Mrs., Ms.)

First Name

Last Name

Email

Company Name

Location of Internship/Company (City,
State, Country - if outside US)

Cooperator Submission

Department of Animal Sciences Evaluation of Student Intern

This evaluation form is regarding the undergraduate student ("Student") interning with you, the respective Cooperating Agent or Employer ("Cooperator"). Responses to this form will be shared with the Student as a means to help the Student learn and improve going forward. The following information was provided by your student intern.

- Student
Name: \${e://Field/StudentFName} \${e://Field/StudentLName}
- Internship Timeframe: \${e://Field/InternStartDate}
to \${e://Field/InternEndDate}
- Average No. Hours Worked Per Week: \${e://Field/AvgNoHrs}
- Brief Internship Description: \${e://Field/InternJobDescr}
- Primary
Supervisor: \${e://Field/CoopFName} \${e://Field/CoopLName}
- Company: \${e://Field/CoopCompany}
- Location: \${e://Field/CoopLocation}

Is this information accurate?

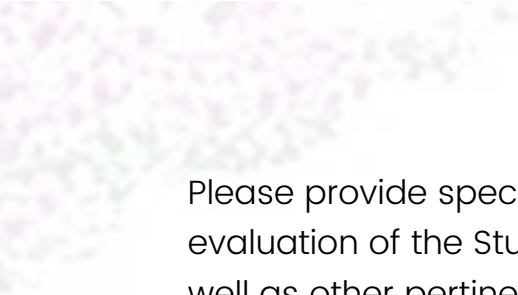
- Yes
- Partially
- No

You indicated that some or all of the information provided by the student intern was not accurate. Please provide accurate information in the text box below.

Evaluation Questions

Please evaluate the Student objectively in the following areas. For each area, select the score most appropriate. In all cases, 0 = Far below average, 3 = Average, and 6 = Far above average. Please note that the use of "work" and "employee" should be interpreted the same even if the Student was unpaid.

	0	1	2	3	4	5	6
Interpersonal Skills	<input type="radio"/>						<input type="text"/>
Attitude	<input type="radio"/>						<input type="text"/>
Decision Making	<input type="radio"/>						<input type="text"/>
Dependability	<input type="radio"/>						<input type="text"/>
Attendance	<input type="radio"/>						<input type="text"/>
Punctuality	<input type="radio"/>						<input type="text"/>
Initiative	<input type="radio"/>						<input type="text"/>
Quantity of Work	<input type="radio"/>						<input type="text"/>
Quality of Work	<input type="radio"/>						<input type="text"/>
Overall Performance	<input type="radio"/>						<input type="text"/>



Please provide specific comments and critiques about your evaluation of the Student using the areas you scored on above as well as other pertinent evaluation information. These are meant to help the Student improve performance going forward, therefore thoughtful and detailed statements are encouraged.

Cooperator Signature: Please type your full name below. By doing so and submitting this form, you agree that the information provided is accurate and correct, to the best of your knowledge.