
Supervisor Evaluation

This form should be completed at the conclusion of the project or school term by the person directly supervising the student. Please indicate the total number of hours the student worked and evaluate his or her performance of this project.

When finished, please return this form to the Chaplain at *The High School of Saint Thomas More, 3901 North Mattis, Champaign, Illinois, 61822.*

Student _____ Class of 20_____

Supervising Agency _____

Supervisor's Name _____ Title _____

Supervisor's Phone or Email _____

Briefly, how did the student help? What did he/she do? _____

The actual number of hours worked by this student from _____ to _____ was _____ hours.
(start date) (end date)

Please give a general evaluation of the student's participation by circling the appropriate rating:

Cooperation with Supervisor/followed established guidelines: **Excellent** --- **Good** --- **Poor**

Followed through on project/dependable/trustworthy: **Excellent** --- **Good** --- **Poor**

Worked well with others (co-workers and those served): **Excellent** --- **Good** --- **Poor**

Displayed a Christian/positive attitude: **Excellent** --- **Good** --- **Poor**

Took initiative/exceeded supervisor's expectations: **Excellent** --- **Good** --- **Poor**

Appearance and clothing were appropriate for the project: **Excellent** --- **Good** --- **Poor**

Additional comments:

Supervisor Signature: _____ Date: _____