



CUSTOMIZED LEARNING PLAN AND EMPLOYER EVALUATION

Circle the Term Student was Registered:

Fall 2009-10 Spring 2009-20 Summer 2009-30 Fall 2010-10 Spring 2010-20 Summer 2010-30

DIRECTIONS TO THE STUDENT: Complete this section and Student Section of Major Learning Objectives below.

Student's Name		Faculty Name	
Std Home Phone Std Alternate Phone		Faculty Phone/ Faculty Fax No.	
Employer Name		Intern Job Title	
Site Supervisor/ Supervisor Phone		Total Hours Required of Internship	
One year educational/employment/career goals:	Three-year educational/employment/career goals:		
1.	1.		
2.	2.		

Rating of Job Requirements/Internship Goals

Rating	Point Value	How to Determine
Excellent (E)	4 pts	Exceeds Job Requirements
Very Good (VG)	3 pts	Often Meets Job Requirements
Good (G)	2 pts	Sometimes Meets Job Requirements
Fair (F)	1 pt	Needs Improvement

DIRECTIONS TO THE EMPLOYER:

Please use the scoring system at right to rate the student's job performance.

MAJOR LEARNING OBJECTIVES

PROGRAM OBJECTIVES -- (Developed by FIS)

	PERFORMANCE RATING (Completed by the Employer)			
	E(4)	VG(3)	G(2)	F(1)
1.				
2.				
3.				
4.				

EMPLOYER OBJECTIVES -- (Developed by Employer re: Specific duties assigned to this Student.)

1.				
2.				
3.				
4.				

STUDENT OBJECTIVES — (Developed by Student with FIS)

1.				
2.				
3.				
4.				

Subtotal Score for this Page				
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<u>WORKPLACE SKILLS</u>	PERFORMANCE RATING <i>(Completed by Employer)</i>			
	E(4)	VG(3)	G(2)	F(1)
1. Adaptability				
2. Appearance				
3. Ask questions to clarify expectations/instructions				
4. Attendance				
5. Communication skills				
6. Critical thinking				
7. Follow directions appropriately				
8. Follow safety procedures/precautions				
9. Initiative				
10. Interest in work				
11. Interpersonal skills				
12. Quality of work				
13. Quantity of work				
14. Teamwork				

Subtotal Score for This Page				
Subtotal Score from First Page				
TOTAL POINTS				

HOW MANY HOURS DID THE STUDENT COMPLETE WITH YOUR COMPANY? _____

EMPLOYER'S COMMENTS:

1. What skills/qualities did the student demonstrate during the internship that enhanced the performance of his/her job?

2. What does the student need to do to improve his/her marketable skills in order to compete for positions in this industry?

EMPLOYER'S SIGNATURE/TITLE

DATE

NAME OF COMPANY

INDUSTRY TYPE (Ex: Computer Related, Education, Finance, Government, Health Related, Hospitality/Tourism, Radio/TV, Soc. Sciences, etc.)

Fax this completed form to the Faculty Internship Supervisor at _____.

