Supervisor’s Mid-Term Feedback
Please complete the form and return to the student to take to the faculty member.

Student: ____________________________________________________________
Community Partner: _______________________________________ Date: __________

SECTION I: Student Learning

Scale: 0 No Knowledge 3 Acceptable
1 Poor 4 Above Expectations
2 Below Expectations 5 Excellent

A. Ability to Learn
Accepts constructive criticism 0 1 2 3 4 5
Asks pertinent and relative questions 0 1 2 3 4 5
Learns quickly and effectively 0 1 2 3 4 5
Comments:

B. Judgment
Considers all factors and circumstances 0 1 2 3 4 5
Demonstrates ability to prioritize assignments 0 1 2 3 4 5
Accepts responsibility for all work performed 0 1 2 3 4 5
Comments:

C. Relations with others
Supports and contributes to a team atmosphere 0 1 2 3 4 5
Respects the diversity of co-workers 0 1 2 3 4 5
Seeks to support organizational goals 0 1 2 3 4 5
Carries appropriate share of workload 0 1 2 3 4 5
Comments:

D. Attitude
Exhibits positive and constructive attitude 0 1 2 3 4 5
Brings a sense of value and integrity 0 1 2 3 4 5
Behaves in an ethical and cooperative manner 0 1 2 3 4 5
Comments:

E. Dependability
Meets deadlines 0 1 2 3 4 5
Reports as scheduled and on-time 0 1 2 3 4 5
Dress and appearance are appropriate 0 1 2 3 4 5
Comments:

F. Quality of Work
Communicates ideas and concepts clearly 0 1 2 3 4 5
Effectively participates in meeting and group settings 0 1 2 3 4 5
Is self-motivated 0 1 2 3 4 5
Comments:
SECTION II: Learning Contract and Supervision

1. Do you have a copy of the student’s Learning Contract?   Yes_____ No_____ 

2. Is the student accomplishing his/her objectives as stated in the Learning Contract?   Yes_____ No_____ 

3. Is the student meeting the obligations as contracted?   Yes_____ No_____ 
   If not, please explain your answer.

4. Has your office been able to provide sufficient tasks and opportunities that enhance the student’s skills?   Yes _____ No_____
   Explain:

5. Student’s anticipated end date: _____________________

6. How many hours per week has the student been spending at the office or working on projects?   _________ hrs/week

7. How often do you meet with the student?   _____ times per week

8. What are the student’s strongest assets/contributions to your organization?

9. Do you see any need to make adjustments to the position at this time? If yes, please explain.   Yes _____ No_____ 

10. Do you wish to meet/discuss with SSU at this time? If yes, please explain.   Yes _____ No_____ 

Supervisor’s Signature____________________________________ Date: __________
SSU Student’s Signature____________________________________ Date: __________