The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the 'hand' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane Falls Community College Workforce Education MS 3160 3410 W Fort George Wright Dr Spokane WA 99224-5288

509-533-3148 FAX 509-533-4336

STUDENT

Have your supervisor complete by the **10th week** of the quarter.

QUARTER:	☐ Winter ☐ Spring	☐ Summer		Date due_		
Student	pany/agency Employer/supervise					
Employer/supervisor: Please instructor/coordinator.	evaluate the student's per	formance in	each of the	following ca	tegories and r	eturn to th
DIRECTIONS: Please check subheadings which best apply to the student		Exceeds Expectations	Above Average	Average	Needs Improvement	Not Observed
1. ATTITUDE TOWARD	Work					
	Learning					
	Responsibilities					
2. APPEARANCE	Grooming					
	Dress					
3. DEPENDABILITY	Punctuality					
	Attendance					
	Completion of tasks					
4. COMMUNICATIONS	Written					
	Oral					
5. HUMAN RELATIONS						
	Fellow employees					
/ IAD I/NAW/IEDAE	Supervisor					
6. JOB KNOWLEDGE						
7. JOB SKILLS						
8. JOB PERFORMANCE						
	Accurate and timely					
A AVERALL DATING	Acceptable quality					
9. OVERALL RATING						
Please review the objectives plas met those objectives.	oreviously established by th	ne student ar	nd give over	all comment	s on how well	the stude
Has this evaluation been disc	cussed with the student?	☐ Yes	☐ No			
Employer's/supervisor's sign	ature					
Instructor/coordinator:	Overall final grade Hours of credit awarded					