

NEW DAY ACADEMY
214 West 1st Street
Alturas, CA 96101
Phone: (877) 533-3861 Fax: (877) 233-3864

PERFORMANCE EVALUATION FORM

	CAREER EXPLORATIONS
	OFFICE AIDE
	TEACHER AIDE
	COMMUNITY SERVICE

A copy of this form must be filed in student's record.

Student Name: _____

Cooperating Supervisor: _____

Semster:

	FALL
	SPRING

Dates of Assignment: From: _____ To: _____

We urge the evaluating supervisor to assess the student's performance. Please be candid. This evaluation is important to the student's personal and professional development. The teacher will use your evaluation in considering the student's final grade.

1. Briefly describe the position and responsibilities assigned to the student.

2. Indicate the equipment, hardware, software, instruments, tools, etc. the student utilized.

3. What are the student's major strengths and assets?

(Please continue on the next page)

Please use the following scale:

Excellent - 5 Above Average - 4 Average - 3 Below Average - 2 Poor - 1 Not Applicable – N/A

4. Please rate the student's:

Category	Rating
Appearance:	
Attitude:	
Oral Communication Skills:	
Problem Solving:	
Written Communication Skills:	
Customer Service:	
Professionalism:	
Dependability:	
Teamwork:	
Leadership:	
Overall Performance:	

5. Supervisor's comments (accomplishments or lack thereof during the assignment period):

6. Would you be willing to accept another New Day Academy student in the future?

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____