

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 3240  
 3410 W Fort George Wright Dr  
 Spokane WA 99224-5288  
 509-533-3148  
 FAX 509-533-4162

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

**EXPERIENTIAL LEARNING FINAL EVALUATION OF STUDENT PROGRESS**

QUARTER:     Fall     Winter     Spring     Summer    Date due \_\_\_\_\_

Student \_\_\_\_\_ Company/agency \_\_\_\_\_ Employer/supervisor \_\_\_\_\_

Employer/supervisor: Please evaluate the student's performance in each of the following categories and return to the instructor/coordinator.

DIRECTIONS: Please check subheadings which best apply to the student		Exceeds Expectations	Above Average	Average	Needs Improvement	Not Observed
<b>1. ATTITUDE TOWARD</b>	Work					
	Learning					
	Responsibilities					
<b>2. APPEARANCE</b>	Grooming					
	Dress					
<b>3. DEPENDABILITY</b>	Punctuality					
	Attendance					
	Completion of tasks					
<b>4. COMMUNICATIONS</b>	Written					
	Oral					
<b>5. HUMAN RELATIONS WITH</b>	Public					
	Fellow employees					
	Supervisor					
<b>6. JOB KNOWLEDGE</b>						
<b>7. JOB SKILLS</b>						
<b>8. JOB PERFORMANCE</b>	Adequate output					
	Accurate and timely					
	Acceptable quality					
<b>9. OVERALL RATING</b>						

Please review the objectives previously established by the student and give overall comments on how well the student has met those objectives.

Has this evaluation been discussed with the student?     Yes     No

Employer's/supervisor's signature \_\_\_\_\_

Instructor/coordinator:    Overall final grade \_\_\_\_\_    Hours of credit awarded \_\_\_\_\_