**Five College RHRJ Certificate**

**Special Project Supervisor Evaluation Form**

**Student:** Please complete the upper portion of this form and have your supervisor complete it at the end your internship, volunteer or work experience.

Student:

Begin/End Dates:

Supervisor Name and Title:

Institution Name:

Address:

 Phone: Email:

**Supervisor:** Please complete the below evaluation form below and return it to your

student intern/employee at the end of their time working with you. Feel free to discuss this form with the student.

**Description of work performed by student:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Needs Improvement | Proficient | Highly Commendable |
| Completed required tasks as assigned by supervisor |  |  |  |
| Fulfilled the attendance requirements for the position |  |  |  |

#  Additional Comments:

Supervisor signature: Date:

***Directions to Student:*** *Submit this completed form to your RHRJ adviser,* along *with your completed Certificate Completion form, Special Project essay, and unofficial transcript no later than Nov. 1st for fall graduates and April 1st for spring graduates.*