



CLARKSON UNIVERSITY
Professional Experience Program
Supervisor Final Evaluation

Please Return by: final week of experience

Student's Name _____ Job Title _____

Date Started: _____ Date of Completion: _____

Company Name _____ Location: _____

Supervisor _____ Phone Number _____

Department _____ Email Address _____

Description of responsibilities:

Outstanding Very Good Satisfactory Needs Improvement

Ability to Work Independently

Attendance

Attitude

Oral Communication Skills

Written Communication Skills

Energy Level/Productivity

Flexibility/Adaptability

Initiative

Interpersonal Skills/Cooperation

Problem Solving & Reasoning Skills

Quality of Work

Technical Competence

Willingness to Learn

Overall Performance

Major strengths:

Accomplishments:

Comments by supervisor:

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