**PROFESSIONAL EXPERIENCE: SUPERVISOR MID-TERM EVALUATION**

**INSTRUCTIONS**: Complete all portions of the form below regarding your MCB student worker and submit the completed copy to the Professional Experience Coordinator either via email (melissa.hoffman@unco.edu), in person (Kepner Hall, 1095C), or in a signed, sealed envelope to be delivered by your MCB student worker.

* Supervisor evaluations and feedback are factored into the student’s earning of a satisfactory or unsatisfactory grade – please complete this evaluation in full and honestly.
* It is encouraged that you discuss this evaluation with your student worker as a way of informing them of their progress towards goals/projects, contributions to the company/organization, and areas for improvement.
* Should you have any questions or concerns, please contact the Professional Experience Coordinator.

**PROFESSIONAL EXPERIENCE INFORMATION**

**Student Worker Name**: Click here to enter your student’s name.

**Supervisor Name**: Click here to enter your name.

**Company/Organization Name**: Click here to enter the company/organization name.

**Date Mid-Term Evaluation Completed**: Click here to enter a date.

**EVALUATION INFORMATION**

1. **Thus far, please indicate your level of satisfaction with the student’s ability to contribute to your organization**:

[ ] Very Satisfied [ ]  Satisfied [ ]  Neither Satisfied/Dissatisfied [ ] Dissatisfied [ ]  Very Dissatisfied

1. **Thus far, what contributions has the student provided that have been of most value to you and/or your organization – please describe and explain**:

Click here to enter your response.

1. **Thus far, please indicate your level of satisfaction with the student’s ability to behave and interact appropriately in your organization (e.g. attire, timeliness, preparedness, communication, etc.)**:

[ ] Very Satisfied [ ]  Satisfied [ ]  Neither Satisfied/Dissatisfied [ ] Dissatisfied [ ]  Very Dissatisfied

**Please describe and explain your response to the previous question, with specific examples where possible**:

Click here to enter your response.

1. **What areas of improvement do you wish to see the student work on during the remainder of their time with your organization – please describe and explain**:

Click here to enter your response.

1. **Please provide any suggestions, comments, questions, and/or concerns you have regarding the Professional Experience program and processes**:

Click here to enter your response.

**NOTE:** Periodically, students will request to view their supervisor’s evaluations. Under the Family Educational Rights and Privacy Act ([FERPA](http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html)), students have access to view documents pertaining to their education records, including evaluations such as this one. Unless requested by the student, this evaluation will not be shared.

**Thank you for your participation and feedback!**