

NASA Glenn Research Center Pathways Intern Program Student Evaluation

NAME OF STUDENT	ORG. CODE	NAME OF IMMEDIATE SUPERVISOR
DATES OF WORK PERIOD	SCHOOL	MAJOR FIELD OF STUDY

INSTRUCTIONS

Your evaluation of the above-named student is requested in order to provide information to the student regarding his or her performance and progress during the work period and to provide feedback to the student's school regarding performance. It will also provide information to help make decisions regarding continued student employment or permanent employment upon graduation.

In evaluating the student, you should compare his or her performance against standards you have individually developed for the student against standards for personnel with similar levels of education, work experience, etc. Please discuss this evaluation with the student prior to his or her return to school.

A. PROVIDE A BRIEF DESCRIPTION OF THE STUDENT'S DUTIES DURING THE WORK PERIOD.

B. CHECK COLUMN WHICH BEST EVALUATES THE INDIVIDUAL'S WORK HABITS AND PERFORMANCE. PLEASE ASSESS EACH CATEGORY INDIVIDUALLY. IF YOU NEED ADDITIONAL SPACE TO WRITE COMMENTS, EXAMPLES, OR OBSERVATIONS, PLEASE CONTINUE IN THE REMARKS SECTION ON THE BACK OF THIS FORM.

CATEGORY	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	NEEDS DEVELOPMENT	COMMENTS, EXAMPLES, OBSERVATIONS
1. Skill in organizing and prioritizing work assignments.				
2. Quantity of work produced				
3. Quality of work produced				
4. Ability to work independently				
5. Ability to analyze and resolve problems				
6. Skill in oral communications				
7. Skill in written communications				
8. Skill in effectively interacting with others				

C. WAS THE STUDENT'S ATTENDANCE AND PUNCTUALITY SATISFACTORY DURING THIS WORK PERIOD? IF NOT, PLEASE PROVIDE COMMENTS: YES NO

D. OVERALL EVALUATION
 OUTSTANDING HIGHLY SUCCESSFUL FULLY SUCCESSFUL MINIMALLY SATISFACTORY UNSATISFACTORY

E. SHOULD THE STUDENT BE RETAINED IN THE PROGRAM AND BE CONSIDERED FOR A FUTURE PERMANENT POSITION AT THE GLENN RESEARCH CENTER? (Please provide specific reasons for your answer) YES NO

F. IF THIS IS THE STUDENT'S LAST WORK TOUR. WOULD YOU RECOMMEND THIS STUDENT FOR RETENTION IN A PERMANENT POSITION AT THE GLENN RESEARCH CENTER? (Please provide specific reasons for your answer) YES NO

REMARKS

SIGNATURE OF IMMEDIATE SUPERVISOR	DATE	SIGNATURE OF STUDENT	DATE
SIGNATURE OF PROGRAM COORDINATOR	DATE	STUDENT MUST BRING THIS EVALUATION TO PROGRAM COORDINATOR PRIOR TO THE END OF THE WORK PERIOD.	