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|  |  | **State of Alaska** **Internship Program**Performance Evaluation Form |

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| **1. Student’s Name:****(Last) (First)**            | **2. Employee ID Number:**      | **3. Date of Evaluation Period:****Mo./Day/Yr. Mo./Day/Yr.**      **to**       |
| **4. Reason for Performance Evaluation (Check One):****☐ Quarterly Evaluation ☐ End of Internship/Resignation****☐ Reclassification ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **5. Organization (Department/Division):**      |
| **6. Position Control Number (PCN):**      | **7. Class Title (Check One):****☐ Student Intern 1 ☐ College Intern 1 ☐ College Intern 3 ☐ Graduate Intern 1****☐ Student Intern 2 ☐ College Intern 2 ☐ College Intern 4 ☐ Graduate Intern 2** |

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| **SECTION 1 – JOB CATEGORIES *Rater: Please check the rating which clearly expresses the student’s performance*.** |

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| **#1 PERFORMANCE: NARRATIVE SHOULD INCLUDE REFERENCE TO EACH RATING.** |
| RATING FACTORS | **UNACCEPTABLE** | **LOW ACCEPTABLE** | **MID-ACCEPTABLE** | **HIGH ACCEPTABLE** | **OUTSTANDING** |
| Job Knowledge | ☐ Serious gaps in fundamental knowledge and skills of the internship. Cannot perform certain internship duties. | ☐ Has identifiable gaps in knowledge and skill for routine phases of the internship; able to perform assignments. | ☐ Knowledgeable, well-informed and skilled in all phases of the internship. | ☐ Work product and/or performance illustrates excellent understanding and skill in all phases of the internship. | ☐ Performance/product reveals exceptional understanding and skills for the internship. Extremely well-informed on all phases. |
| Timeliness | ☐ Very slow on all projects. Consistently misses deadlines. | ☐ Slower than average on some projects. Sometimes misses deadlines. | ☐ Turns out average amounts of work on all projects. Consistently meets deadlines. | ☐ Exceeds expected timeframes on some projects. Does more than expected on some projects. | ☐ Consistently exceeds expected timeframes. Does more work than expected on all projects. |
| Accuracy/Quality | ☐ Work almost always inaccurate; product unacceptable. | ☐ Frequent mistakes. Work often inconsistent. Requires constant checking. | ☐ Work is typically accurate, but errors occur. | ☐ Work carefully done and usually free from serious error. | ☐ Very accurate. Errors are virtually nonexistent. |
| Completeness and Attention to Details | ☐ Serious omissions of fact and substance. | ☐ Work falls short of acceptable standards; usually needs to be revised. | ☐ Usually complete and meets acceptable standards. | ☐ Sometimes exceeds requirements. Product well organized and beyond acceptable standards. | ☐ Frequently exceeds requirements. Product reflects creativity and innovative thinking. |
| Initiative | ☐ Lacks initiative, needs constant reminding from supervisor to complete tasks. | ☐ Sometimes requires supervisory push. | ☐ Does what is assigned. Self-starter. | ☐ Asks for new assignments if caught up; assumes responsibility to get tasks done. | ☐ Frequently identifies new projects. |
| Perception/Judgment | ☐ Rarely identifies relevant issues; judgment not reliable. | ☐ Has difficulty identifying relevant issues; frequently does not show good judgment. | ☐ Usually identifies relevant issues; usually shows good judgment. | ☐ Consistently identifies relevant issues; shows good judgment in complex matters. | ☐ Identifies and interprets all issues and impacts with exceptional skill. |
| Adaptability to Stress | ☐ Unable to perform adequately in other than routine situations. Lacks flexibility. | ☐ Performance declines under stress or in non-routine situations. May react inappropriately to stressful situations. | ☐ Performs well under stress or in unusual situations. Rises to challenges. | ☐ Performance excellent even under pressure. Very stable and objective; dependable in difficult situations. | ☐ Outstanding performance under extreme stress. Appreciates the challenge of difficult situations. |
| Communication Ability | ☐ Unable to express thoughts clearly. Product lacks organization.Written Oral | ☐ Expresses thoughts satisfactorily on routine matters.Written Oral | ☐ Usually organizes and expresses thoughts clearly.Written Oral | ☐ Consistently able to express ideas. Logically assigned most complex projects.Written Oral | ☐ Outstanding ability to communicate ideas to others.Written Oral |
| **NARRATIVE:**      |

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| **#2 WORK HABITS: NARRATIVE SHOULD INCLUDE REFERENCE TO EACH RATING.** |
| RATING FACTORS | **UNACCEPTABLE** | **LOW ACCEPTABLE** | **MID-ACCEPTABLE** | **HIGH ACCEPTABLE** | **OUTSTANDING** |
| Attendance | ☐ Excessive absences with frequent failure to secure approval of vacation or days off. Consistently tardy. | ☐ Vacation/days off are not always prearranged. Frequently tardy. | ☐ Leave use at acceptable levels and justified. Some impact on work unit. Vacation/ days off prearranged. Occasionally tardy. | ☐ Minimal use of leave which is justified. Vacation/days off are prearranged to minimize impact on work unit. Rarely tardy. | ☐ Leave use is minimal and does not impact work unit. Vacation/days off are prearranged. Never tardy. |
| **NARRATIVE:**      |

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| **#3 INTERPERSONAL RELATIONS: NARRATIVE SHOULD INCLUDE REFERENCE TO EACH RATING.** |
| RATING FACTORS | **UNACCEPTABLE** | **LOW ACCEPTABLE** | **MID-ACCEPTABLE** | **HIGH ACCEPTABLE** | **OUTSTANDING** |
| Human Relations | ☐ Ineffective in working with others. Does not cooperate. | ☐ Has difficulty getting along with others, accepting supervision or being tactful. | ☐ Gets along well with people under most circumstances. Skilled in human relations. | ☐ Works in harmony with others. Very good team worker. Above average skills in human relations. | ☐ Extremely successful in working with others. Actively promotes good human relations. |
| **NARRATIVE:**      |

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| **SECTION II – EVALUATION SUMMARIZATION** |
| OVERALLRATING | **UNACCEPTABLE****☐** | **LOW ACCEPTABLE****☐** | **MID-ACCEPTABLE****☐** | **HIGH ACCEPTABLE****☐** | **OUTSTANDING****☐** |
| **NARRATIVE:**      |

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| **SECTION III – SIGNATURES/APPROVALS** |

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| Rater’s Recommended Action:       |
| Rating was discussed with student: [ ]  Yes [ ]  No If No, explain:       |
| Rater Name (please type or print legibly):Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:      Student: [ ]  Concur with Rating [ ]  Disagree with RatingSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:      REVIEWED AND APPROVED BY:Division Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:      Division of PersonnelSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:       Date:       |