

**Stan Ross Department of Accountancy  
ZICKLIN SCHOOL OF BUSINESS, BARUCH COLLEGE  
FORM 2 – STUDENT PERFORMANCE EVALUATION FORM  
(TO BE COMPLETED BY THE EMPLOYER)**

Student Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Semester: \_\_\_\_\_

Please take the time to provide us with information regarding this student's performance. The appraisal will assist us in facilitating the student's career development and be considered in the final evaluation of the student's performance in the internship course. Please include any comments that you believe will assist in the student's professional development. We encourage you to meet with the student to discuss his/her overall performance.

5=Outstanding    4=Above Average    3=Competent    2=Below Average    1=Unsatisfactory

**1. Work Attitude** 5   4   3   2   1

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Professional Responsibility** 5   4   3   2   1

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Interpersonal Relations** 5   4   3   2   1

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Quality of Work** 5   4   3   2   1

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Initiative**

5 4 3 2 1

Comments:

---

---

---

**6. Professional Appearance**

5 4 3 2 1

Comments:

---

---

---

**7. Planning and Organizational Skills**

5 4 3 2 1

Comments:

---

---

---

**8. Learning Ability and Growth**

5 4 3 2 1

Comments:

---

---

---

**9. Written Ability**

5 4 3 2 1

Comments:

---

---

---

**10. Verbal Ability**

5 4 3 2 1

Comments:

---

---

---

**11. Overall Evaluation**

5 4 3 2 1

Comments:

---

---

---

**SIGNATURES:**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* denotes evaluation was discussed with student intern

Please return this completed form to the student's faculty supervisor, as indicated below.  
Thank you!

Faculty Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_