

Evaluation Form for FISH 498/499
School of Aquatic and Fishery Sciences

(Evaluation should occur at least once/quarter, form may be used more than once.)

Student Name: _____

Faculty Sponsor Name: _____

Worksite Supervisor Name (if any): _____

This evaluation is being completed by:

- Faculty Sponsor
 Worksite Supervisor

Student is enrolled in:

- FISH 498 (Internship/Experiential Learning)
 FISH 499 (Independent Research)
 for C/NC
 for a numerical grade

Please rate the following on a scale of 1-5 (5 being excellent) and add comments:

Student's level of dependability and conscientiousness:

1 2 3 4 5

Comments:

Student's progress on meeting learning objectives:

1 2 3 4 5

Comments:

Student's quality of work thus far:

1 2 3 4 5

Comments:

Professionalism: Student's communication and other interpersonal skills:

1 2 3 4 5

Comments:

Student's response to evaluation (optional):

Student

Worksite Supervisor

Faculty Sponsor

Date Evaluation Process Completed: _____