The Workplace Supervisor’s written review is required by the academic evaluator in order to assign the student’s final grade.

Workplace Supervisors may use this form or a format of their choice to record their review.

Please submit the review to the course supervisor at the end of the work term.

Due Date: _________/_________/_________.

Performance Review Form

Student Name ____________________________________________________________

Student Number _________________________________________________________

Practicum Site ___________________________________________________________

Workplace Supervisor/Reviewer _____________________________________________

Review Period/Semester ___________________________________________________

Evaluation

Exceeds Expectations – work is above requirements for the student practicum position* in nearly all areas. The student’s commitment to learning the professional position are noteworthy.  A- or A (circle one)

Meets expectations – Work generally meets and sometimes exceeds requirements for the student Practicum position. Student should continue her/his efforts to develop professionally.  B or B+ (circle one)

Below expectations – Work usually does not meet the basic requirements.  F or D- (circle one)
Appraisal

This form is offered as a helpful guideline to assessment categories. Comments are welcome but are not expected in every category. Feel free to attach general comments in addition or instead (two paragraphs or so).

Reliability/Commitment to Job:

Exceeds expectations _____ Meets expectations _____ Needs improvement _____

Comments:

Quality/Quantity of Work:

Exceeds expectations _____ Meets expectations _____ Needs improvement _____

Comments:

Human Relations Skills:

Exceeds expectations _____ Meets expectations _____ Needs improvement _____

Comments:

Teamwork/Cooperation:

Exceeds expectations _____ Meets expectations _____ Needs improvement _____

Comments:

Organizational Skills:

Exceeds expectations _____ Meets expectations _____ Needs improvement _____

Comments:
Initiative and Creativity:

Exceeds expectations _____ Meets expectations _____ Needs improvement _____

Comments:

Judgement:

Exceeds expectations _____ Meets expectations _____ Needs improvement _____

Comments:

Strengths:

Areas for Further Development:

Overall Performance:

__________________________________________________________________________ Date ______________
Workplace Supervisor’s Signature

Please Return Form to the Academic Evaluator at:

School of Indigenous and Canadian Studies
12th floor, Dunton Tower
Carleton University
1125 Colonel By Drive
Ottawa, ON  K1S 5B6