

CATAWBA COLLEGE | SCHOOL OF BUSINESS

The Ralph W. Ketner School of Business
 MGT 4403/ CIS 4403 Experiential Learning
STUDENT SELF-EVALUATION FORM

STUDENT INFORMATION

| | |
|-----------------------------|-------------------------------|
| NAME: | TODAY'S DATE: |
| ORGANIZATION'S NAME: | POSITION/JOB TITLE: |
| ORGANIZATION ADDRESS: | SUPERVISOR'S NAME: |
| STARTING DATE (MM/DD/YYYY): | COMPLETION DATE (MM/DD/YYYY): |

PLEASE RATE YOUR PERFORMANCE

| | Excellent | Very Good | Satisfactory | Needs Improvement | Unsatisfactory | Not Applicable |
|---|-----------|-----------|--------------|-------------------|----------------|----------------|
| Work attitude (i.e. initiative, enthusiasm) | | | | | | |
| Problem solving ability | | | | | | |
| Academic preparation | | | | | | |
| Adaptability | | | | | | |
| Attendance | | | | | | |
| Time management skills | | | | | | |
| Ability to work with supervisor | | | | | | |
| Willingness to cooperate with coworkers | | | | | | |
| Acceptance of constructive comments | | | | | | |

| | | | | |
|---|-----------|------|---------|------|
| How do you rate your overall performance? | Excellent | Good | Average | Poor |
|---|-----------|------|---------|------|

ACCOMPLISHMENTS

Please provide the following information about your internship experience. If additional space is needed, please attach an additional page to this evaluation.:

Identify the most important learning goals you had set for yourself when beginning the internship.

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| How well do you feel you accomplished these goals in this internship? |
| List the activities that allowed you to accomplish your goals. |
| Identify any specific knowledge or skills gained during this internship that have enhanced your professional development. |
| Describe any noteworthy accomplishments you achieved during this internship. |

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|----------------------|--|
| Student's signature: | |
| Date: | |