San Jose State University
Design Program, Design 127 Internship Performance Evaluation Form

To be completed by supervisor at host organization, and original mailed to SJSU Design Office.

Student Name

Student SJSU ID No.

Total Hours Completed

Area(s) of Responsibility

Name of Firm/Business

<table>
<thead>
<tr>
<th></th>
<th>1 = Unacceptable</th>
<th>2 = Needs Improvement but progressing</th>
<th>3 = Expected</th>
<th>4 = Exceeds Expectation</th>
<th>5 = Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Communication Skills</td>
<td>Planning/Organization</td>
<td></td>
<td>Other, specifically to internship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interpersonal Skills</td>
<td>Speed/Consistency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Team Work</td>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adaptability</td>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stress Tolerance</td>
<td>Judgment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Performance Comments:

Strengths:

Limitations:

Rev.07/16
San Jose State University
Design Program, Design 127
Internship
Performance Evaluation Form

Recommendations:

_____________________________________________________
Evaluator or Supervisor: Please mail original Evaluation to:
_____________________________________________________
San Jose State University
Design Department Office
DSGN 127
One Washington Square
San Jose, CA 95192-0225

Verification of Hours: Supervisor please initial on line for verification

1 Unit = 48 Hours minimum ______
2 Units = 96 Hours minimum ______
3 Units = 144 Hours minimum ______
4 Units = 196 Hours minimum ______

Evaluator or Supervisor Signature (sign in ink)

______________________________________    _____________
Name/Title    Date

Email address

Evaluator or Supervisor:

Please mail original Evaluation to:

San Jose State University
Design Department Office
DSGN 127
One Washington Square
San Jose, CA 95192-0225

Rev.07/16