
Student Name

Student SJSU ID No.

Total Hours Completed

Area(s) of Responsibility

Name of Firm/Business

1 = Unacceptable 2= Needs Improvement but progressing 3 = Expected 4 = Exceeds Expectation 5 = Outstanding

____ Communication Skills	____ Planning/Organization	_____ Other, specifically to internship
____ Interpersonal Skills	____ Speed/Consistency	_____
____ Team Work	____ Attendance	_____
____ Adaptability	____ Initiative	_____
____ Stress Tolerance	____ Judgment	_____

Performance Comments:

Strengths:

Limitations:

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

Recommendations:

Verification of Hours: Supervisor please check and initial for verification

___ 1 Unit = 48 Hours minimum ___

___ 2 Units = 96 Hours minimum ___

___ 3 Units = 144 Hours minimum ___

___ 4 Units = 196 Hours minimum ___

Evaluator's Signature (sign in ink)

Name/Title

Date

Email address

Evaluator or Supervisor:

Please mail original Evaluation
along with Verification of Hours
to:

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