

Internship Performance Appraisal Form - American Sign Language Studies

Part I - Core Learning Outcomes Assessment

Student _____ **Date** _____

Place of Employment _____

Supervisor _____ **Title** _____

	Outstanding	Very Good	Average	Marginal	Unsatisfactory	Comments
Personal Qualities						
Responsibility						
Self-Management						
Punctuality						
Dependability						
Appropriate Professional Appearance						
Integrity and Honesty						
Job Related Preparation						
Ability to Relate Content Knowledge to Work Related Tasks						
Interpersonal						
Participates as a Team Member						
Serves Clients and Customers						
Able to engage with staff and consumers in a professional manner						
Technology						
Manages and applies Technology for the assigned tasks						
Maintains Equipment and Troubleshoots						
Thinking Skills						
Creative Thinking						
Decision Making						
Problem Solving						
Knowing How to Learn						
Outcomes						
Student met the needs and designations of the core learning outcomes						
Student met the needs and designations of the specific learning outcomes						
Student engaged in mentoring sessions with an open mind						
Student applied feedback during assignments and mentoring meetings						

Part II - Program Learning Objectives Assessment

American Sign Language Studies

Student _____ **Date** _____

Place of Employment _____

Supervisor _____ **Title** _____

Employer: Please evaluate your Internship Education student based on the Program Learning Objectives for the American Sign Language Studies Career Program.

Program Learning Objectives	Outstanding	Very Good	Average	Marginal	Unsatisfactory	N/A	Comments
Program Learning Objective 1 Students will gain proficiency in American Sign Language.							
Program Learning Objective 2 Students will gain an understanding and appreciation of the Deaf Culture.							
Program Learning Objective 3 Students will learn to work with individuals in the Deaf Community.							

Part III - Assessment of Student's Personal Learning Objectives

American Sign Language Studies

For each Student Specific Learning Objective, please write a statement regarding the student's achievement of that objective. The statement should focus on how the student demonstrated achievements of the objective. You may then rate the achievement of each objective, and the student's overall performance.

	Outstanding	Very Good	Average	Marginal	Unsatisfactory
Objective 1:					
Objective 2:					
Objective 3:					
Objective 4:					
STUDENT'S OVERALL PERFORMANCE:					

Supervisor's Signature

Date

Student's Signature

Date

FCC Internship Employer Satisfaction Survey

Thank you for taking the time to complete the FCC Internship Employer Satisfaction Survey. All of the information gathered from this form will be kept confidential and will be used only for statistical purposes. This survey is intended to assist the FCC Internship Program with preparing students for the entry into the workplace and better serve the needs of internship employers in the future. If we can be of assistance, or if you have any questions, please contact the Internship & Apprenticeship Coordinator at 301-624-2724.

Company/ Organization Name:

Address:

City: _____ **State:** _____ **Zip Code:** _____

Name of the person completing this form: _____

Date of Internship: _____

Name of Student Intern: _____

1. Have you hired this student intern for a full-time/ permanent position with your company/organization? Yes No

2. If you have not already done so, would you hire this student intern for a full-time/ permanent position with your company/organization? Yes No If not, please explain.

3. Please check the box which best indicates your level of satisfaction with your intern's performance in the areas described below.

Internship Job Performance			
	Very Satisfied	Satisfied	Dissatisfied
1. Overall job performance			
2. Job Specific Skills			
3. Problem-solving skills			
4. Interpersonal skills			
5. Leadership skills			
6. Teamwork skills			

4. Would you consider hiring another FCC student intern in the future? Yes No
Please explain why or why not.

5. Do you feel that the student intern was adequately prepared for his or her internship duties/tasks? Yes No Please explain why or why not.

6. Do you feel that you received the information and resources you needed during the internship process? Yes No If not, please explain.

7. What recommendations do you have for improving the FCC Internship Education Program?