Internship Performance Appraisal Form - American Sign Language Studies

Part I - Core Learning Outcomes Assessment

Student	Date
Place of Employment	
Supervisor	Title

	Outstanding	Voru	Averege	Morginal	Unceticfootony	Comments
	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						
Teaches Others New Skills						
Serves Clients and Customers						
Exercises Leadership						
Information						
Acquires and Evaluates Information						
Interprets and Communicates Information						
Uses Computers to Process Information						
Technology						
Selects Technology						
Applies Technology to Tasks						
Maintains Equipment and Troubleshoots						
Thinking Skills						
Creative Thinking						
Decision Making						
Problem Solving						
Knowing How to Learn						

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.

	Outstanding	Very Good	Average	Marginal	Unsatisfactory	N/A	Comments
Program Learning Objectives							
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	Da	ite			
Student's Signature	Da	ite			

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.

Co	mpany/ Organization Name:		
Ad	dress:		
	y: State: Zip Code:		
Na	me of the person completing this form:		
Da	te of Internship:		
Na	me of Student Intern:		
1.	Have you hired this student intern for a full-time/ permanent position with your company/organization? \Box Yes \Box 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? \square Yes \square No If not, please explain.		

in the areas described below.	
	Internship Job Performance

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

	Inte	rnship Job Performanc	е	
		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?