

CDI On-Site Internship Supervisor Feedback Form

To be completed by the on-site internship supervisor at the conclusion of the internship

The information shared by the on-site internship supervisor may be used in the teacher/CDI facilitator's conferencing with the student during their reflection after the completion of the CDI.

Student: _____ Date: _____

School: _____

Teacher/CDI Facilitator's Name: _____

Email _____

On-Site Internship Supervisor's Name: _____

Title: _____

Organization Name: _____

Please provide your feedback on the CDI student's characteristics and essential skills by placing a check mark (✓) in the applicable boxes, with 1 being *Unacceptable*, 5 being *Exceptional*, and NA being *Not Applicable*.

	Unacceptable	Needs Improvement	Average	Above Average	Exceptional	N/A
	1	2	3	4	5	N/A
Dependability						
Attendance						
Completion of projects						
Quality of work						
Ability to communicate—oral						
Ability to communicate—written						
Courtesy with staff and customers						
Ability to work on a team						
Willingness to follow directions						
Cooperation						

continued

CDI On-Site Internship Supervisor Feedback Form *(continued)*

	Unacceptable	Needs Improvement	Average	Above Average	Exceptional	N/A
	1	2	3	4	5	N/A
Willingness to ask questions to gain understanding						
Willingness to follow safe work procedures and policies						
Willingness to wear personal protective equipment as required						
Willingness to ask questions when unsure of how to do a task safely or correctly						
Ability to demonstrate a safe and responsible attitude						
Problem-solving skills						
Openness to learning new skills						
Use of good judgment						
Appropriate dress and appearance for work						
Ability to demonstrate initiative: self-starter						
Ability to accept feedback and constructive criticism						
Motivation to learn						
Positive work ethic						
Use of technology appropriate to the internship						
Ability to demonstrate skills related to this internship						

continued

CDI On-Site Internship Supervisor Feedback Form *(continued)*

1. What do you perceive to be this student's greatest strengths?

2. In what area(s) does this student need to improve?

3. Additional comments:

On-Site Internship Supervisor's Signature: _____

Date: _____

Please email this form to the student's teacher/CDI facilitator.

Thank you for your participation.