



Upward Bound Math and Science Summer Internship Site Visitation Form

STUDENT NAME: _____

DATE & TIME: _____

EMPLOYER/SITE: _____

INTERNSHIP
COORDINATOR: _____

RATINGS	1 = Poor	2 = Fair	3 = Avg	4 = Good	5 = Excellent
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Professional Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Cell Phone Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative/Work Ethic/Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

VISITATION NOTES

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VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor and the Internship Coordinator. Signing this form does not necessarily indicate that you agree with this evaluation.

Student Signature		Date	
Supervisor Signature		Date	
Internship Coordinator Signature		Date	