

EMPLOYER EVALUATION

This form must be completed and returned to the WSU School of Hospitality Business Management for the student to get credit for their total hours worked.

Student's Name: _____ Job Title _____
 Company: _____ Employer Supervisor: _____
 Phone Number: _____ E-mail Address: _____
 Company Address _____ City _____ State _____ Zip _____

IMPORTANT! Total number of hours worked: _____ Employment Dates: Start _____ End _____ Wage Rate \$ _____
month/year month/year

IMPORTANT! Student's expected graduation date: Month _____ Year _____

1. Please evaluate the student on the following attributes:

		1	2	3	4	5	
A. Interpersonal Relations:	Poor						Highly Cooperative
B. Attitude	Apathetic						Very Enthusiastic
C. Judgment	Poor						Mature
D. Dependability	Careless						Highly Reliable
E. Learning Ability	Slow						Rapid
F. Quality of Work	Poor						Excellent
G. Punctuality	Irregular						Regular
H. Overall Performance	Unsatisfactory						Outstanding

2. Primary Duties:

3. Briefly describe this student's strong and weak work habits:

4. Describe any problems this employee encountered in his/her work situation:

5. Other comments that would help this employee in his/her professional development:

6. What special problems affected this student's performance regarding such things as inappropriate timing of the experience, deficiencies in the student's training, etc.?

7. Would you recommend that this student pursue a career related to this experience? What additional recommendations would you make to better prepare this student for such a career?

Has this evaluation been discussed with the employee? _____ Yes _____ No

Do you give permission for the employee to view this evaluation? _____ Yes _____ No

Supervisor Signature: _____ Date: _____

Please return by E-mail: shbm@wsu.edu, Mail: PO Box 644742, Pullman WA 99164-4742 or Fax 509-335-3857