

**Middle College High School**

**2600 Mission Bell Drive**

**San Pablo, CA 94806**

**(510) 215-3881 FAX (510) 233-0121**

**STUDENT INTERNSHIP EVALUATION FORM**

**FALL: 20** \_\_\_\_\_ **SPRING: 20** \_\_\_\_\_ **SUMMER: 20** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **SUPERVISOR PHONE#:** \_\_\_\_\_

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**KNOWLEDGE AND UNDERSTANDING OF WORK:** Knowledge and understanding of all phases of this job.

\_\_\_\_\_ **UNSATISFACTORY:** Needs frequent instructions, even on routine jobs.

\_\_\_\_\_ **SATISFACTORY:** Has a good working knowledge of job.

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