Directions to Employer Supervisor: This form is designed to help the student understand how his/her performance is perceived. Please meet with the student to discuss your evaluation. Please fax to 801/581-5217 or the student can e-mail directly to their counselor.

Student ___________________________  Career Services Counselor ___________________________

SKILLS MASTERY
1. What technical skills does the student contribute to your organization?

2. What personal attributes does the student demonstrate -- e.g., leadership, team player, organizational, work ethic?

UNIVERSITY PREPARATION
3. If you were able to contribute suggestions regarding academic curriculum for students, what would they be?

4. In what way has your company benefited from participating in our Career Services Internship Program?

CORPORATE CULTURE
5. Does the student understand the goal of the organization and his/her role in its success?

6. How does the student measure up to existing employee standards? If a job were available when the student graduates, would you offer a full-time position?

7. As an experienced professional in a field related to this student’s area of study, you have valuable insight into what is required to be successful on the job. What advice would you give that would contribute to his/her preparation for a chosen career?

_________________________  ___________________________  ___________________________
Student Signature  Employer Signature  Date