

TOURO COLLEGE

PERFORMANCE PLAN AND INTERNSHIP EVALUATION - 1

Name of Intern	Social Security Number	Date of Evaluation
Functional Job Title	Date Entered Position	Hours Worked Per Week
Department Name	Evaluation Plan Period	Evaluator's Name
Evaluation Title	Date Previous Evaluation	Date Next Evaluation

First Evaluation due after two months of Internship.
 Second Evaluation due at end of Internship.

Assess the Intern on each of the following statements, citing specific examples in the comments section.
1=Consistently EXCEEDS Expectations; 2=Frequently EXCEEDS Expectations;
3=Consistently MEETS EXPECTATIONS; 4=Does NOT CONSISTENTLY Meet Expectations
(Needs improvement)*; 5=Does NOT MEET Expectations; N/A=Not Applicable (Should only be used
where appropriate)

***NOTE: Expectations characterized as exceptional, needing improvement or unsatisfactory must be**
commented on by giving specific examples.

ASSESSMENT	PERFORMANCE CRITERIA
CLIENT SERVICE	
<input type="checkbox"/> (a) Anticipates clients' needs. <input type="checkbox"/> (b) Takes initiative to plan and prioritize activities with clients. <input type="checkbox"/> (c) Responsive to the needs of clients. <input type="checkbox"/> (d) Develops/maintains effective working relationships with clients. <input type="checkbox"/> (e) Involves clients in improving processes.	
COMMENTS:	
<hr/> <hr/> <hr/>	
QUALITY/PRODUCTION	
<input type="checkbox"/> (a) Work is thorough, accurate, and complete. <input type="checkbox"/> (b) Continuous improvement is a priority. <input type="checkbox"/> (c) Produces the required amount of work within the required timeframe. <input type="checkbox"/> (d) Effectively uses resources, seeks ways to be more cost effective.	
COMMENTS:	
<hr/> <hr/> <hr/>	
JOB KNOWLEDGE/TECHNICAL	
<input type="checkbox"/> (a) Has an understanding of the technical aspects of the job. <input type="checkbox"/> (b) Applies technical skills to the job. <input type="checkbox"/> (c) Demonstrates the ability to acquire new skills.	

PROBLEM SOLVING AND DECISION MAKING

- _____ (a) Accurately identifies problems, issues.
- _____ (b) Determines possible causes/implies relevant information.
- _____ (c) Develops/proposes creative solutions.

COMMENTS:

PLANNING AND ORGANIZING

- _____ (a) Plans/prioritizes to accomplish objectives within required timeframes at optimum cost.
- _____ (b) Demonstrates flexibility when priorities change.

COMMENTS:

COMMUNICATION

- _____ (a) Writes clearly/concisely.
- _____ (b) Speaks clearly/concisely.
- _____ (c) Listens/responds appropriately to others.
- _____ (d) Delivers effective presentations.
- _____ (e) General business knowledge.

COMMENTS:

TEAMWORK/INTERPERSONAL SKILLS

- _____ (a) Works with others to achieve common goals.
- _____ (b) Readily shares information.
- _____ (c) Approaches team conflict in a constructive way.
- _____ (d) Develops/maintains successful working relationships with:
 - _____ Clients
 - _____ Subordinates
 - _____ Peers
 - _____ Management

COMMENTS:

INITIATIVE/CREATIVITY

- _____ (a) Takes action beyond what is required.
- _____ (b) Anticipates/addressed problems directly.
- _____ (b) Demonstrates insight/resourcefulness in applying technology, services, working practices.

COMMENTS:

MANAGEMENT SKILLS

_____ (a) Communicates performance standards, objectives/goals.
_____ (b) Provides positive recognition, constructive feedback.
_____ (c) Develops employees through work assignments, training, coaching.
_____ (d) Documents performance, conducts effective performance appraisals.
_____ (e) Fosters an environment of communication, teamwork.
_____ (f) Appropriately addresses employee issues, concerns.

COMMENTS:

ATTENDANCE/PUNCTUALITY

_____ Acceptable
_____ Unacceptable
of days absent _____
of lateness occurrence _____

OVERALL PERFORMANCE ASSESSMENT

_____ (a) Consistently exceeds expectations.
_____ (b) Frequently exceeds expectation.
_____ (c) Consistently meets expectations.
_____ (d) Does not consistently meet expectations.
_____ (e) Does not meet expectations.

APPRAISER'S ADDITIONAL COMMENTS

INTERN'S COMMENTS

SIGNATURES		Intern Disclaimer: Signing this evaluation does not imply acceptance, only that this performance evaluation was discussed and understood.	
Intern's Signature		Date	
Evaluator's Name		Evaluator's Title	
Evaluator's Signature		Date	
GOALS/OBJECTIVES At the beginning of the appraisal period, both the manager and the intern set mutually agreed upon goals/objectives to be accomplished during the evaluation period	ACCOMPLISHMENTS/RESULTS At the end of the appraisal period, both the manager and the intern evaluate each goal/objective.	EVALUATION	
		_____ 1 _____ 2 _____ 3 _____ 4 _____ 5	
		_____ 1 _____ 2 _____ 3 _____ 4 _____ 5	
ADDITIONAL ACCOMPLISHMENTS If applicable, list and elaborate on anything the employee has accomplished above and beyond his/her job goals/objectives. Use additional sheets if necessary.			
I understand the Goals and Objectives outlined in this evaluation.			
Intern's Name	Intern's Signature	Date	
Evaluator's Name	Evaluator's Signature	Date	

DEVELOPMENT PLAN

Identify areas for development which include improving a current skill or developing a new skill.
<u>Area of Development</u>
<u>Activities Planned On-The-Job</u>
<u>Other (Seminars, training classes, etc.)</u>
<u>Results/Follow-up</u>
<u>Areas of Development</u>

<u>Activities Planned On-The-Job</u>
<u>Other (Seminars, training classes, etc.)</u>
<u>Results/Follow-up</u>
I understand the Development Plan outlined in this appraisal.

<u>Intern's Name</u>	<u>Intern's Signature</u>	<u>Date</u>
<u>Evaluator's Name</u>	<u>Evaluator's Signature</u>	<u>Date</u>