## **CCS Professional Praxis: Employer Evaluation**

Student's Full Name:

Supervisor's Name:



**Employer:** Please return this form to the student after filling it out and signing it.

**Student:** Send this form to ccsproprax@gwu.edu by the date listed on <u>this webpage</u> for the given semester, regardless of when your job or internship ends. Please direct any questions to ccsproprax@gwu.edu.

Student's GWID: Company:

Session (chec	k one):	Fall	Spring	Summer	Other	Year:	
<b>Performan</b>	ce Revie	W					
This portion is	to be comple	ted (	and signed by	the student's (	direct super	visor. Please check the box	next to the term that
						comments in the space pro	
<b>Communication:</b> Effectively communicates by phone, email, and in person, with co-workers, customers, and supervisor(s).							
Proficient	Needs Improveme	ent					
Job Skills & Technical Skills: Demonstrates the knowledge and skills required to perform the job effectively.							
Proficient	Needs Improveme	ent					
Productivity & Quality of Work: Delivers high quality work in a timely manner. Pays attention to deadlines.							
Proficient	Needs Improveme	nt					
Teamwork: Ti	reats others v	vith c	courtesy and re	spect. Contribu	ites to team	success. Responds well to fee	edback.
Proficient	Needs Improveme	ent					
Initiative: Ask	s for addition	al pr	ojects, develop	s new ideas, ar	nd proactivel	y seeks out opportunities to	contribute.
Proficient	Needs Improveme	ent					
<b>Dependability:</b> Is trustworthy, punctual, reliable, and responsible. Inspires confidence in supervisors and coworkers.							
Proficient	Needs Improveme	nt					
Judgment: Makes smart and educated decisions, escalating to supervisor as appropriate.							
Proficient	Needs Improveme	ent					
Professionalis		rates	a professional	demeanor, dre	sses approp	riately, maintains confidenti	ality, etc.
Proficient	Needs Improveme	nt					
<b>Overall Assessment:</b> Please use the space below to describe the student employee's key strengths, identify any areas for							
growth, and note any significant accomplishments during this review period.							
Supervisor's S	Signature:					Date:	
(Handwritten or digital signatures only – script-like fonts are not acceptable)							