

BENNETT COLLEGE OFFICE OF CAREER SERVICES

EVALUATION REFERENCE FORM

Faculty, Internship Supervisors and Employers:
Please return this form no later than Friday, April 29th via DocuSign, or mail to the
Bennett College Office of Career Services
900 East Washington Street – Box F
Greensboro, NC 27401-3239

Ms. _____, a _____ 20__ graduate, has chosen you to provide feedback on her academic/ personal/ professional development and/or performance. Your evaluation will become a part of her placement record and therefore be made available to employers and/or graduate schools upon her request. Please type your responses so that it can be clearly reproduced.

SKILL AREAS	Outstanding	Above Average	Average	Below Average	Unknown	Has Potential to Improve
COOPERATIVENESS Ability to work with others and adjust to other people in various environments						
RELIABILITY Consistency in duties, personal integrity, sense of responsibility						
LEADERSHIP Initiative, ability to obtain cooperation from others in achieving a goal						
INDUSTRY Application of effort to a task, capacity for sustained effort						
SCHOLARSHIP Mastery of essentials in academic and professional subjects						
INTELLIGENCE Judgement, originality, ability to think critically						
ABILITY TO EXPRESS THOUGHTS Effectiveness in verbal skills						
WRITING SKILLS Ability to express self well on paper						
PROFESSIONAL INTEREST Exhibits academic and professional growth and interest in chosen field						

REMARKS: _____

Date: _____

Signature of Evaluator: _____

Name (typed or printed): _____

Relationship to Student: (check one) Instructor Employer Site Supervisor

Company / Organization / Institution: _____

Title: _____

Mailing Address: _____
Street

City / State / Zip Code

Telephone: () _____ Fax () _____

Email Address: _____