SMGT 210  SPORT MANAGEMENT PRACTICUM
SUPERVISOR EVALUATION FORM

STUDENT NAME ______________________________________________________

WORK SITE __________________________________________________________

SITE SUPERVISOR________________________________

DID THE STUDENT DEVOTE A MINIMUM OF 160 WORK HOURS TO THE PRACTICUM ASSIGNMENT?
YES _____  NO____

RECOMMENDED GRADE _____

Please justify the student's grade by rating and commenting on the items below. Rate the following characteristics of the student on a scale from 1 to 5, with 5 being high. If a category does not apply to this student, or you have insufficient information to make a rating, just leave the space blank.

____  QUALITY OF WORK          ____     JUDGMENT
____  LEARNING ABILITY         ____     ATTITUDE
____  RELATIONS WITH CO-WORKERS ____     DEPENDABILITY
____  RELATIONS WITH CUSTOMERS ____     PERSONAL APPEARANCE
____  COMMUNICATION SKILLS     ____     Demeanor
____  INITIATIVE               ____     PERSONAL EFFICIENCY

COMMENTS:

SITE SUPERVISOR'S SIGNATURE ______________________________

(Rev 05/10)