

EMPLOYER OBSERVATION #1
Horticulture & Crop Science Student Internship Program
The Ohio State University
Columbus OH 43210

Employer: Please complete and return this form to Tom Shockey, Student Services Coordinator, so that we may monitor the progress of our student. Thank you!

Student Intern's Name: _____

Please rate the intern on characteristics listed below. Check the appropriate box indicating your evaluation of your intern.

	Superior	Good	Average	Fair	Poor
1. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Thoroughness of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Acceptance of Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Work Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Acceptance by Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Acceptance by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Are you having any problems with the intern of which I need to be aware? If yes, please explain.

14. Do you have any suggestions for the student's improvement?

15. What should we be doing to better prepare these students for employment in the industry?

16. Other comments:

Firm's Name:

Employer's Name:

Address:

Phone:

Date:

Employers Signature

RETURN TO:

**TOM SHOCKEY
STUDENT SERVICES COORDINATOR
DEPARTMENT OF HORTICULTURE & CROP SCIENCE
240B HOWLETT HALL
2001 FYFFE COURT
COLUMBUS OH 43210**