

EMPLOYER OBSERVATION #2
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. Thoroughness of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Quality of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Quantity of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Judgement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Self Confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Leadership Potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Technical Competence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Has the intern student improved his/her basic horticultural knowledge?

12. Has the student improved in his/her work accuracy?

13. Has the student improved since his/her last evaluation?

14. Other comments:

Firm's Name:

Employer's Name:

Address:

Phone:

Date:

Employer's Signature

RETURN TO:

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