

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

Employer: Please complete and return this form to Regina Vann Hickok, Academic Program Coordinator, so that we may monitor the progress of our student. Thank you!

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. Professional 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:

Company's Name: _____

Supervisor's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Date: _____

Email: _____ Supervisor's Signature: _____

Check if you prefer correspondence via email

RETURN TO: Regina Vann Hickok, Academic Program and Internship Coordinator

By Post
Dept. of Horticulture & Crop Science
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2021 Coffey Rd
Columbus OH 43210

Or By Email
vann.5@osu.edu

Or By Fax
614-292-7162