

**EMPLOYER OBSERVATION #2**  
**Horticulture & Crop Science Student Internship Program**  
**The Ohio State University, Columbus OH 43210**

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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: \_\_\_\_\_

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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. Judgment	<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 knowledge?

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

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

14. Other comments:

*It has been a pleasure working with you!!! Thank you!*

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Company's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

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

**By Post**

**Dept. of Horticulture & Crop Science  
234 Kottman Hall  
2021 Coffey Rd  
Columbus OH 43210**

**Or By Email**

**vann.5@osu.edu**

**Or By Fax**

**614-292-7162**