



Florida A&M University Curricular Practical Training (CPT) Employer Evaluation

Student's First Name

Student's Last Name

Student ID

Employer Name

to Work Period (mm/dd/yyyy)

TO THE EMPLOYER: Please have the student's immediate supervisor evaluate the student based on the following standards. Feel free to include any comments as needed (attach additional sheets if necessary). The supervisor should review this evaluation with the student following his approved work period. The student should return the completed form to the Office for International Students and Scholars (OISS) upon completion of the course and work period. Thank you for your cooperation.

Table with 6 main categories: Relations with Co-workers, Attitude, Judgement, Dependability, Ability to Learn, and Quality of Work. Each category has 4 options (A-D). Includes a rating scale (Superior, Excellent, Good, Fair, Poor) and rows for Overall Performance, Attendance, and Punctuality.

Comments:

What suggestions do you have for the student to assist in their professional development?

Please note that the student will need to submit a new CPT request to OISS for additional work authorization.

Supervisor Name

Supervisor Signature

Date



**TO BE COMPLETED BY STUDENT** prior to submitting to the Office for International Students and Scholars (OISS).

I (circle one) **agree/disagree** with my supervisor's evaluation. If you do not agree with your supervisor's evaluation, please comment for your reasons:

---

---

---

---

What are three things you learned from this experience?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date