

**MS Practicum Supervisor's Report
Graduate Program in Environmental Sciences
For ESCI 614V**

Name of Student (Print)

Name of Research Advisor (Print)

The Practicum Experience occurred in: Fall Semester Spring Semester Summer Semester

Year

Start Date

Practicum Location

Number of Credits (1-3) ESCI 614V

PRACTICUM SUPERVISOR INFORMATION

Name of Practicum Supervisor (Print)

Name of Agency/Organization

Phone No.

E-Mail Address

Address

FAX Number

SUPERVISOR'S REPORT

1. Total Number of Hours the Student Worked: _____
2. Please give a brief description of tasks and duties completed by the student and evaluate performance of each with a grade of **S** (Satisfactory) or **U** (Unsatisfactory):

TASK/DUTY	PERFORMANCE

d. How did the student relate academic training and background to the position?

e. Please provide any comments, suggestions, or criticisms, you may wish to make about the student:

4. Please rate the following factors by circling the number that you believe best applies to the student's performance:

1 = Excellent, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Poor

Volume Of Work	1 2 3 4 5	Completion Of Work By Target Time	1 2 3 4 5
Quality Of Work	1 2 3 4 5	Logically Plans And Organizes Work	1 2 3 4 5
Learns Quickly And Effectively Applies Knowledge	1 2 3 4 5	Communicates Effectively	1 2 3 4 5
Maintains Good Relations With Other Workers & Supervisors	1 2 3 4 5	Looks For And Accepts Responsibility	1 2 3 4 5
Is Receptive To Supervision, Instruction, & Constructive Criticism	1 2 3 4 5	Over-All Performance	1 2 3 4 5

5. Practicum Report Title: _____

Practicum Report Approved: Yes No

If the report was not approved, please explain why:

Additional Comments:

6. What grade would you recommend that this student receive for the practicum?

Satisfactory Unsatisfactory

Practicum Supervisor Signature

Date

Please E-mail, mail or fax this evaluation to:

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C/O Director
Arkansas State University
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State University AR 72467

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