# Opportunity Exchange Program

# Student Evaluation

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| Student Name: |  | Evaluation for the period: |  |
| Supervisor: |  | Organization: |  |
| Title |  |  |  |

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| Goals and objectives during this evaluation period *(COMPLETED BY STUDENT)* |
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| Achievements/ accomplishments (completed by student upon completion) |
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| Evaluation (completed by supervisor) |
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| Strengths and areas for development |
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| Career development plan *(ADVICE AND TIPS TO STUDENTS FOR THE FUTURE)* |
|  |
| ANY additional COMMENTS |
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| --- | --- |
| STUDENT Signature | Supervisor Signature |
|  |  |
| Date | Date |