

**NEW ROCHELLE HIGH SCHOOL
W.I.S.E. ON-SITE EVALUATION FORM**

NAME _____ COUNSELOR _____

COMPANY/ORGANIZATION _____

ADDRESS _____ Zip _____

STUDENT'S POSITION _____

Please rate the categories listed below according to the following scale:

- 5 = Exceptional
- 4 = Above Average
- 3 = Average
- 2 = Below Average
- 1 = Failing

ATTITUDES

PERFORMANCE

Attendance _____

Quality of Work _____

Punctuality _____

Follows Instructions _____

Reliability _____

Initiative _____

Interpersonal Relations _____

Observes Rules &
Regulations _____

Interest in Assignment _____

Growth on the Site _____

REMARKS: Supervisors may add comments regarding a student's overall performance

Supervisor's Name _____

(please print)

Title _____

Supervisor's Signature _____