

SEMESTER/YEAR: _____

DUE DATE: _____

**OBERLIN COLLEGE BONNER SCHOLARS PROGRAM
SCHOLAR PERFORMANCE EVALUATION**

Bonner Scholar Name: _____

Agency/Organization: _____

Supervisor Name: _____

Complete and return to: Bonner Scholars Program, 68 S. Professor St.,
Oberlin, OH 44074 or fax to: 440/775.8754.

Ratings: 4 = excellent; 3 = good; 2 = average; 1 = poor; N/A = not applicable

Please circle appropriate rating:

1. Promptness & Reliability	4	3	2	1	N/A
2. Communication skills	4	3	2	1	N/A
3. Relates well to clients and staff	4	3	2	1	N/A
4. Accepts feedback positively	4	3	2	1	N/A
5. Ability to understand and follow instructions	4	3	2	1	N/A
6. Ability to work independently	4	3	2	1	N/A
7. Attention to detail	4	3	2	1	N/A
8. Overall quality of work	4	3	2	1	N/A

Other Comments (continue on back if necessary):

9. What are this Bonner's strengths?

10. What can this Bonner Scholar improve upon?

11. Do you expect this Bonner to continue with your agency in the next semester?

Supervisor's Signature: _____ Date: _____