



Allen D. Nease High School

VPS/Peer Counseling (On-Campus Intern) Supervisor Evaluation Form

All Voluntary Public Service/Peer Counseling (On-Campus Internship) students must turn in a completed supervisor evaluation form on the last Wednesday of each month. This form should be completed by the student's supervising staff member, then turned in by the student to the Internship Station.

Student's Name: _____ Student Number: _____

On Campus Internship Class Period: _____

Assigned Supervising Staff Member: _____

*To be filled out by a supervisor

Please circle the student's performance at work.

Excellent	Very Good	Good	Fair	Poor
90-100	80-89	70-79	60-69	59 and below

Comments/Concerns/Accolades:

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

Questions/Comments/Concerns: Contact Jaime Combs, Internship Coordinator at Nease High School / Jaime.combs@stjohns.k12.fl.us