

MENTOR EVALUATION OF SENIOR PROJECT

STUDENT NAME _____

MENTOR NAME _____

FACULTY ADVISOR CINDY TOWERS

SPRING 2017 – FEBRUARY MARCH APRIL MAY (circle which month)

Please rate the following areas from 1 to 5

1 – Unsatisfactory, 2 – Needs improvement, 3 – Satisfactory, 4 – Above Average, 5 – Excellent

Safety Procedures Followed _____
Punctuality _____
Appropriate Dress _____
Completes Assigned Tasks _____
Works Well with Others _____

Mentor Signature

Date

Student Signature

Date

Faculty Advisor Signature

Date