



Supervisor Tools

Student Employment
High Impact Practice



Career Development Center
DIVISION OF STUDENT AFFAIRS



Supervisor Completion Form

First & Last Name:

Title:

Department:

1. I was able to complete all the onboarding activities: Yes or No

A. Comment / Feedback Open Space

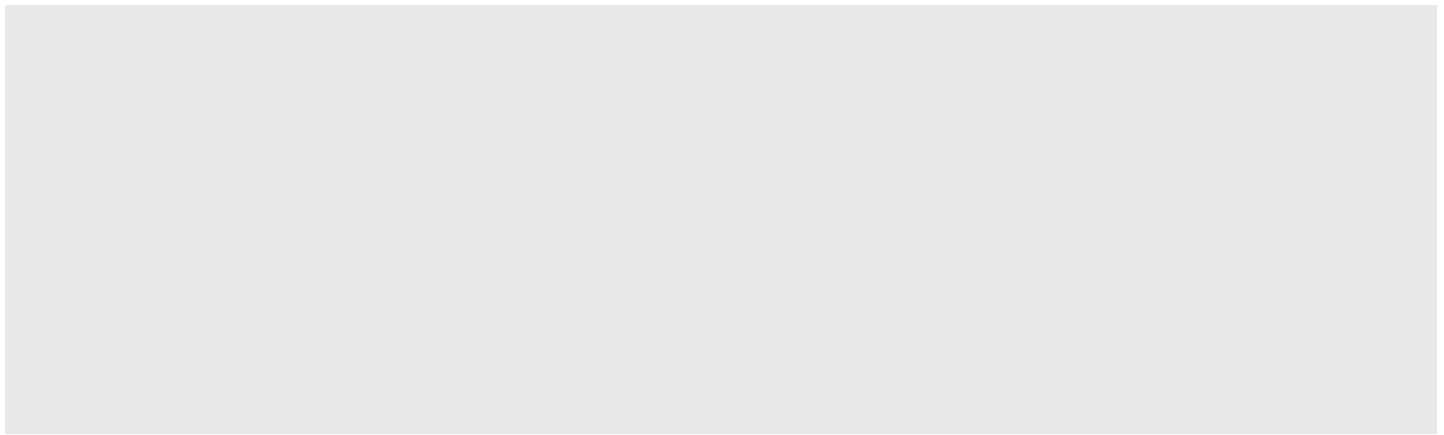
2. I was able to complete the experiential developmental learning activity with the team or with the student. Yes or No

A. The workforce skill /competency selected was:

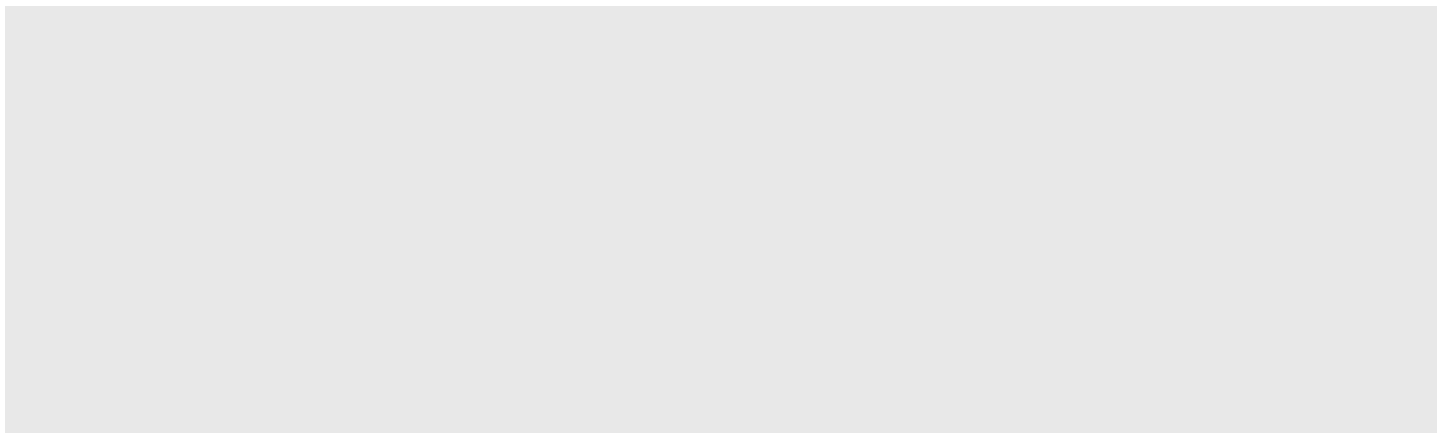
- List one or all the competencies selected for the student or the students.

B. The experiential learning activity or activities included the following:

- List one or all the learning activities implemented.

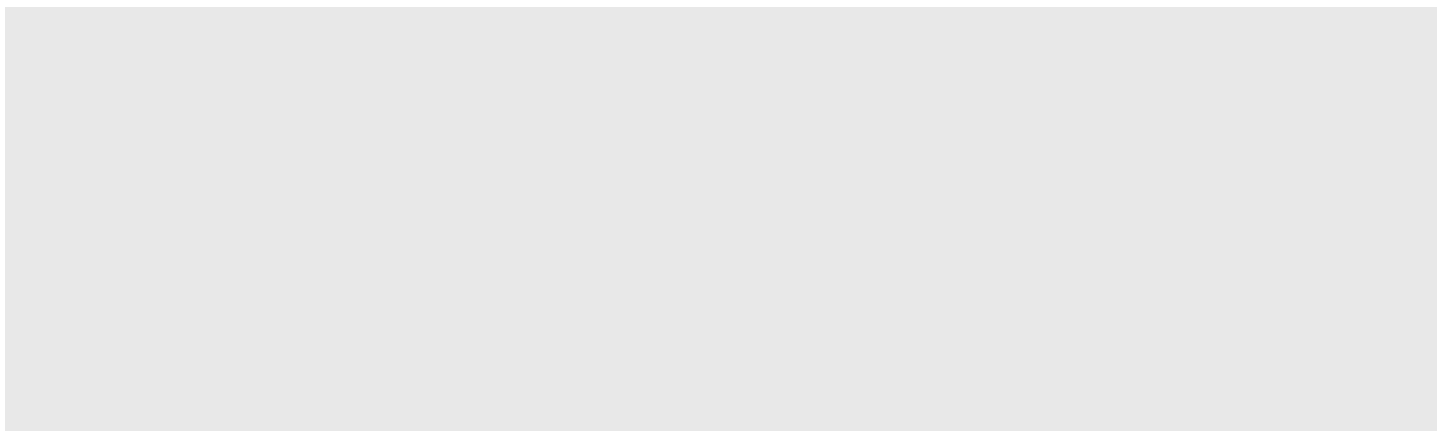


C. Comment/Feedback Open Space:



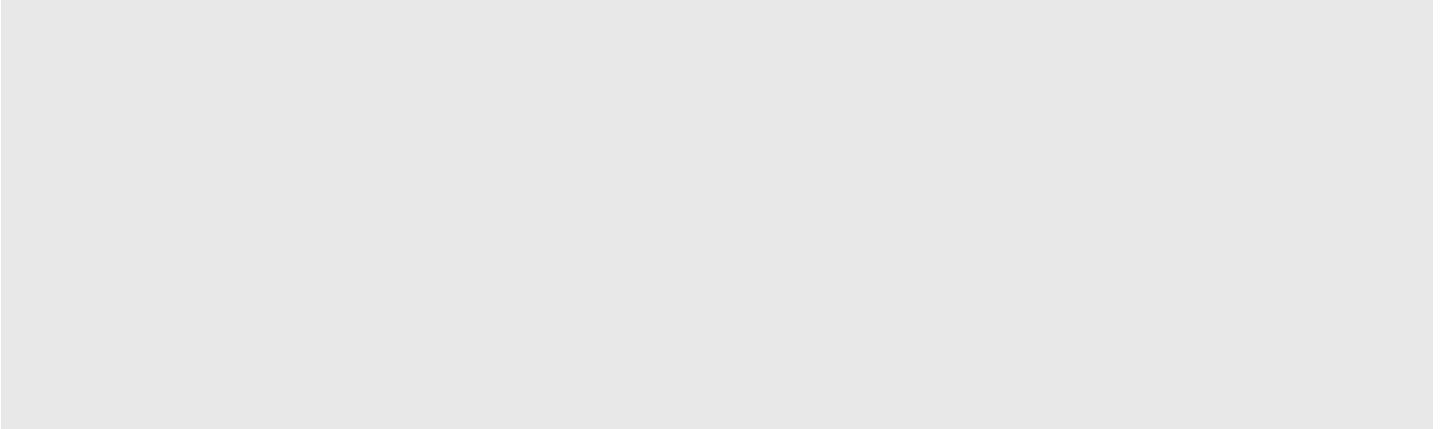
3. I was able to complete the Performance Management review with the student or the students. Yes or No

A. Comment/Feedback Open Space :



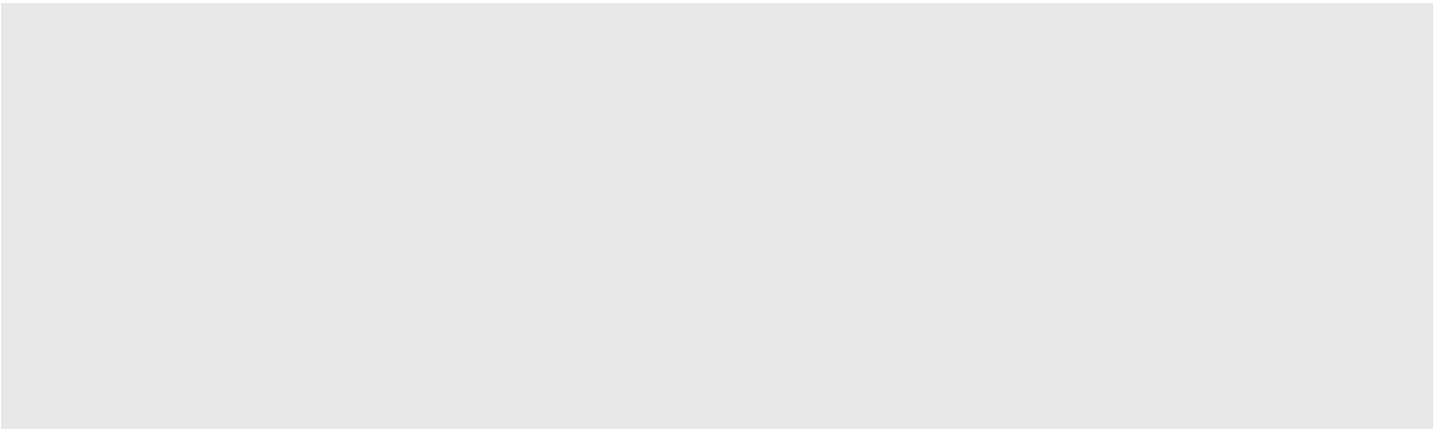
4. I was able to complete the Exit and/or Transition session with the student or the students. Yes or No

A. Comment/Feedback Open Space :



5. Please list or comment below on any additional activities or student experiences that your group has in place to support your student's development and create engagement.

A. Comment/Feedback Open Space :





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