

**SUPERVISOR RATING FORM**

Name of Applicant: \_\_\_\_\_

Name of Agency/Company: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Evaluator: You have been asked to share your observations of the applicant named above. The purpose of this form is to understand how the applicant appears to others and interacts with people. Note: In accordance with legislation, this form may be shown to student upon request.

**INSTRUCTIONS:** On the characteristics below indicate your ranking by circling the number that best describes the applicant. We consider 1 as poor, 3 as average and 5 as outstanding or excellent.

**LISTENING SKILLS**

As a rule, does not attend or listen to others	Sometimes does not attend, average skill	Always actively listens and is consistently engaged		
1	2	3	4	5

**VERBAL COMMUNICATION SKILLS**

Not able to express ideas	Sometimes has difficulty expressing ideas, average skill	Expresses self very articulately and with much ease		
1	2	3	4	5

**DEPENDABILITY OR RELIABILITY**

Not dependable or reliable	Generally dependable, occasionally not dependable	Extremely reliable 100% of the time!		
1	2	3	4	5

**ADAPTABILITY OR FLEXIBILITY**

Unable or usually resists adapting or being flexible	Gradually adapts to new ideas or tasks, about average	Very flexible; open to new ideas. Adapts very easily		
1	2	3	4	5

UNC Division of Occupational Science  
**ABILITY TO WORK WITH OTHERS**

Not able to work well with others		Cooperates with and takes time to become comfortable with others.		Outstanding ability to work with others
1	2	3	4	5

**PERFORMANCE UNDER STRESS**

Not able to complete job demands in time given		Copes with time and job demands fairly well		Adjusts to time and job demands very well.
1	2	3	4	5

**SUMMARY OF YOUR REACTION: WOULD YOU HIRE THIS PERSON TOMORROW TO WORK WITH PEOPLE?**

No		Yes, to work with some kinds people		Definitely! To work with all kinds of people
1	2	3	4	5

**INSTRUCTIONS:**

List strengths and weaknesses of the applicant in the space provided (attach additional pages if needed).

\_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Facility/Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR TIME!**  
Please return this form to:

DEPARTMENT OF ALLIED HEALTH SCIENCES  
DIVISION OF OCCUPATIONAL SCIENCE  
2050 BONDURANT HALL  
CAMPUS BOX 7122  
CHAPEL HILL, NC 27599-7205