

**MS Practicum Supervisor's Report  
Graduate Program in Environmental Sciences  
For ESCI 614V**

\_\_\_\_\_  
**Name of Student (Print)**

\_\_\_\_\_  
**Name of Research Advisor (Print)**

The Practicum Experience occurred in:

Fall Semester     Spring Semester     Summer Semester

\_\_\_\_\_  
Year

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Practicum Location

\_\_\_\_\_  
**Number of Credits (1-3) ESCI 614V**

**PRACTICUM SUPERVISOR INFORMATION**

\_\_\_\_\_  
**Name of Practicum Supervisor (Print)**

\_\_\_\_\_  
**Name of Agency/Organization**

\_\_\_\_\_  
**Phone No.**

\_\_\_\_\_  
**E-Mail Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**FAX Number**

**SUPERVISOR'S REPORT**

1. Total Number of Hours the Student Worked: \_\_\_\_\_
2. Please give a brief description of tasks and duties completed by the student and evaluate performance of each with a grade of **S** (Satisfactory) or **U** (Unsatisfactory):

TASK/DUTY	PERFORMANCE



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d. How did the student relate academic training and background to the position?

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e. Please provide any comments, suggestions, or criticisms, you may wish to make about the student:

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4. Please rate the following factors by circling the number that you believe best applies to the student's performance:

1 = Excellent, 2 = Above Average, 3 = Average, 4 = Below Average, 5 = Poor

Volume Of Work	1 2 3 4 5	Completion Of Work By Target Time	1 2 3 4 5
Quality Of Work	1 2 3 4 5	Logically Plans And Organizes Work	1 2 3 4 5
Learns Quickly And Effectively Applies Knowledge	1 2 3 4 5	Communicates Effectively	1 2 3 4 5
Maintains Good Relations With Other Workers & Supervisors	1 2 3 4 5	Looks For And Accepts Responsibility	1 2 3 4 5
Is Receptive To Supervision, Instruction, & Constructive Criticism	1 2 3 4 5	Over-All Performance	1 2 3 4 5

5. Practicum Report Title: \_\_\_\_\_

Practicum Report Approved:  Yes  No

If the report was not approved, please explain why:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Additional Comments:

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\_\_\_\_\_

6. What grade would you recommend that this student receive for the practicum?

Satisfactory  Unsatisfactory

\_\_\_\_\_  
**Practicum Supervisor Signature**

\_\_\_\_\_  
**Date**

**Please E-mail, mail or fax this evaluation to:**

Environmental Sciences Graduate Program  
C/O Director  
Arkansas State University  
PO Box 847  
State University AR 72467

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