



JOY
to the
WORLD

F O U N D A T I O N

**Charitable Internship Program
Supervisor Quarterly Report**

Review Period:		to		Review Date:	
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Name: _____ Supervisor Name: _____
 Title: _____ Department: _____
 E-mail Address: _____

Current Objectives:

Rating Scale	
5	Exceptional performance beyond all position requirements
4	Exceeds all position requirements
3	Exceeds some position requirements
2	Meets most or all position requirements
1	Falls below expected performance

Supervisors Evaluation – Please rate the Associate in the following areas

Competency	Supervisor Ratings
Responsibility	
Discipline	
Results oriented	
Organization and prioritization	
Leadership	
Service to Organization	
Communication	
Conflict management	

Self-confidence	
Integrity and reliability	

Supervisors Comments:

Upcoming Objectives:

Overall Ratings

Supervisor Overall Rating:

Supervisor Comments on Rating :

Signatures

Charitable Associate

Date

Supervisor

Date

Foundation Approval

Date