

EVALUATION FORM FOR SOFT SKILLS

Name of Intern:	
Assignment Station:	Firehouse Mainline Phone:
Dates of Internship:	S.F.F.D. - (415) 558-32____ or Station 61- (650) 829-3961

Evaluation of the following Skills:	Not Observed	Excellent	Good	Satisfactory	Poor	Inadequate
JUDGEMENT						
INITIATIVE						
COOPERATION						
DEPENDABILITY						
PUNCTUALITY						
COMPETENCE						
ABILITY TO LEARN						
APPEARANCE						

Student's Signature / Date:	Supervisor's Signature/ Date:	Instructor: Bill Long Dates:
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COMMENTS:

Students Name:
Station #:

#	Hours	Date:	Officer's Signature
1			
2			
3			
4			
5			
6			
7			
8			

***bring in to 2nd class meeting**

Students Name:
Station #:

#	Hours	Date:	Officer's Signature
9			
10			
11			
12			
13			
14			
15			
16			
17			

***bring in to final class meeting**