

**PRACTICUM SUPERVISOR'S REPORT**

THANK YOU FOR PROVIDING A PRACTICUM PLACEMENT FOR A SCHOOL OF INFORMATION MANAGEMENT MI STUDENT. PLEASE COMPLETE THIS FORM TO CONFIRM THAT THE NAMED STUDENT HAS COMPLETED THE PRACTICUM UNDER YOUR SUPERVISION, AND TO PROVIDE AN EVALUATION OF THE STUDENT'S PERFORMANCE DURING THE PLACEMENT.

**PRACTICUM DETAILS:**

STUDENT:

START DATE:

LOCATION:

END DATE:

SUPERVISOR(S):

DUTIES OF STUDENT:

EVALUATION:	OUTSTANDING	SUPERIOR	GOOD	MARGINAL	POOR
ABILITY TO APPLY THEORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO FOLLOW INSTRUCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENTION TO DETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL AND COLLEGIAL ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCEFULNESS & INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THOROUGHNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ETHIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPAREDNESS FOR THE DUTIES PERFORMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPAREDNESS FOR THE IM PROFESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL COMMENTS:**

**SUPERVISOR'S APPROVAL:**

SUPERVISOR'S SIGNATURE:		DATE:	
TELEPHONE NUMBER:		EMAIL:	

Please complete this form electronically and return to the MI Program Manager (khumes@dal.ca)