

# Practicum Site Supervisor Form

*The George Washington University Event Management Certificate Program*

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

Practicum Site: \_\_\_\_\_

Practicum Supervisor Name: \_\_\_\_\_

Practicum Supervisor Daytime Telephone Number: \_\_\_\_\_

Practicum Date(s): \_\_\_\_\_

**Practicum Supervisor:** Please rank the student on a scale of 1-5 (with 1 being exceptional and 5 being poor) in each area of performance. Thank you for taking your time and for helping our students reach their professional goals.

Event knowledge	Exceptional	1	2	3	4	5	Poor
Professionalism	Exceptional	1	2	3	4	5	Poor
Punctuality	Exceptional	1	2	3	4	5	Poor
Ability to Perform	Exceptional	1	2	3	4	5	Poor

Total number of hours earned by Student at this Practicum site: \_\_\_\_\_

\_\_\_\_\_  
Signature - Practicum Site Supervisor

\_\_\_\_\_  
Date

**Note to Student:** Students must complete a total of 100 hours of Practicum. Practicum hours not substantiated with this form will not be counted toward the student's Practicum total. Student should keep each original Practicum Site Supervisor Form attach all of them (if more than one) to the "Practicum Summary Sheet" and submit with Portfolio.