

2024 INTERN/CO-OP PERFORMANCE REVIEW

Instructions

- **One week prior to the end of the intern/co-op assignment** complete [pages 1 & 2](#) and review with your intern.
- [Page 3](#) should be completed separately. If there is **interest in an offer** or if there is **adverse information on the intern** then communication should be made to the TA Manager (**Tiff Harris – 0-7846**)
- After the completion of the review, send all original documents addressed to me in a **pink confidential envelope – Attn: Tiff Harris/B909-7, Dept. N357**

Requirements

1. Intern/Co-op should have an opportunity to participate in the review process.
2. Raters must use the “1 – 4” scale for both performance review categories and overall performance review rating.
3. Ratings must be supported by written, descriptive commentary. Evaluate results AND how employees achieved the results.

Intern/Co-op Name:

Badge/Pern #

DEPT. NO:

Performance Year: 2024

Performance Review:

Huntington Ingalls Industries has deemed the following categories essential in identifying both performance and potential in fulltime candidates. Please rate the intern based on the scale provided below, then comment on your rating.

Outstanding (4)	Exceeds Performance Expectations (3)	Meets Performance Expectations (2)	Needs Improvement (1)
-Performance consistently exceeds expectations. -Achieves results at a high level of effectiveness.	-Performance not only meets but sometimes exceeds expectations. - Achieves results effectively.	-Performance generally meets expectations. -Achieves results in a satisfactory manner. Acceptable performance.	-Performance generally does not meet expectations. -Results are not achieved at a satisfactory level and/or not all expectations met.

Interaction With Others <input type="checkbox"/> Outstanding (4) <input type="checkbox"/> Exceeds Perf. Expectations (3) <input type="checkbox"/> Meets Perf. Expectations (2) <input type="checkbox"/> Needs Improvement (1)	Interaction With Others Comments:
Attitude -Application To Work <input type="checkbox"/> Outstanding (4) <input type="checkbox"/> Exceeds Perf. Expectations (3) <input type="checkbox"/> Meets Perf. Expectations (2) <input type="checkbox"/> Needs Improvement (1)	Attitude - Application To Work Comments:
Quality Of Work <input type="checkbox"/> Outstanding (4) <input type="checkbox"/> Exceeds Perf. Expectations (3) <input type="checkbox"/> Meets Perf. Expectations (2) <input type="checkbox"/> Needs Improvement (1)	Quality Of Work Comments:
Dependability <input type="checkbox"/> Outstanding (4) <input type="checkbox"/> Exceeds Perf. Expectations (3) <input type="checkbox"/> Meets Perf. Expectations (2) <input type="checkbox"/> Needs Improvement (1)	Dependability Comments:
Judgment <input type="checkbox"/> Outstanding (4) <input type="checkbox"/> Exceeds Perf. Expectations (3) <input type="checkbox"/> Meets Perf. Expectations (2) <input type="checkbox"/> Needs Improvement (1)	Judgment Comments:
Ability To Learn <input type="checkbox"/> Outstanding (4) <input type="checkbox"/> Exceeds Perf. Expectations (3) <input type="checkbox"/> Meets Perf. Expectations (2) <input type="checkbox"/> Needs Improvement (1)	Ability To Learn Comments:

Attendance: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Punctuality: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
--	---

Intern/Co-op Name:

Badge/Pern #

DEPT. NO:

Performance Year: 2024

Overall Performance Review:

Please provide an overall performance rating for the intern along with any additional comments. Please have all appropriate parties sign the form below.

Overall Rating: TBD *(Please use 1-4 scale, 1-Needs Improvement/ 4- Outstanding)*

Supervisor Comments:

Intern/Co-op's Comments (optional):

Intern/Co-op's Comments cont. (optional):

PERFORMANCE REVIEW

Supervisor's Signature: _____	Date: _____
Intern/Co-op's Signature: _____	Date: _____

Note to intern/co-op: Your signature indicates that you have reviewed this performance review and have discussed it with your manager; it does not necessarily indicate that you agree with the comments or the ratings.

*****Please submit this form with signatures to HR one week prior to the end of the internship*****

Hiring Manager/Human Resources Information ONLY

Intern/Co-op Name:

Badge/Pern #

DEPT. NO:

Performance Year: 2024

Overall Performance Review:

Please provide an overall performance rating for the intern along with any additional comments. Please have all appropriate parties sign the form below.

Overall Rating: TBD *(Please use 1-4 scale, 1-Needs Improvement/ 4- Outstanding)*

Manager's Recommendation:

- Full-time Offer of Employment (when eligible after graduation)
- No Offer of Employment
- Offer to Return as an Intern/Co-op
- No Offer to Return as an Intern/Co-op
- To be determined

Supervisor's Recommendation Comments: