Binghamton University Intern/Co-op Program
Progress Report #1 (Fall `17) for the period from start of job to Friday Sept. 29.

Student Name:____________________________________________

Company Name: _____________________________ Supervisor Name:_____________________

**Student Section:** (complete before giving this form to your supervisor)
Circle the number which best describes your satisfaction with your performance as an intern/co-op?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

What have been your greatest strengths as an intern/co-op?

How can you improve your performance as an intern/co-op?

How many hours have you worked during the period up to and including Sept 29? __________

Student signature:______________________________ Date:_________

**SUPERVISOR SECTION** (to be completed after student section is complete)
Circle the number which best describes your satisfaction with the student's performance as an intern/co-op?

(Please contact Eileen Head at 777-4730 or head@binghamton.edu if you wish to discuss this student's performance.)

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What are the student's greatest strengths?

What are the areas most in need of improvement?

Supervisor signature (please verify hours worked entered by student (see above)):

_______________________________________ - Date:________________

IT IS THE STUDENT'S RESPONSIBILITY TO GET THIS COMPLETED PROGRESS REPORT TO Eileen Head NO LATER THAN Oct 6.