

**CHEF'S TRAINING PROGRAM INTERNSHIP EVALUATION**

Student: \_\_\_\_\_ CTP#: \_\_\_\_\_

Internship site: \_\_\_\_\_

Supervisor (please print) \_\_\_\_\_

Please complete this evaluation form and return it to the student or fax it to The Natural Gourmet at 212-989-1493 at the end of the student's internship.

**Each skill is based on a scale of 1 to 5. (1=poor, 3=average, 5=excellent)**

TOTAL HOURS WORKED: \_\_\_\_\_

Attendance and punctuality

1 2 3 4 5

Knife skills

1 2 3 4 5

Speed and accuracy

1 2 3 4 5

Co-worker relations

1 2 3 4 5

Grilling

1 2 3 4 5 N/A

Sautéing

1 2 3 4 5 N/A

Frying

1 2 3 4 5 N/A

Garde Manger

1 2 3 4 5 N/A

Prep/Mise en Place

1 2 3 4 5 N/A

Bread making

1 2 3 4 5 N/A

Pastry skills

1 2 3 4 5 N/A

Prepping of frozen desserts

1 2 3 4 5 N/A

Prepping of pudding, custard, mousse, other

1 2 3 4 5 N/A

Plating

1 2 3 4 5 N/A

Was student's training appropriate for your needs? \_\_\_\_\_

Comments/suggested areas for improvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_