

To be completed by Intern:

Intern Information

Student: _____ ID #: _____

Email: _____ Phone: _____

Major/Minor: _____

Internship Site/Organization: _____

Site Supervisor Information

Supervisor: _____

Position Title: _____

Email: _____ Phone: _____

Department Information

Internship Coordinator: _____

College/Department: _____

Email: _____ Phone: _____

To be completed by Site Supervisor

(Individual responsible for oversight of the student intern's work. Your evaluation of the student's work, performance and attitude is extremely important. We value your feedback and observation and encourage you to review this evaluation with the intern for their personal and professional development.)

Evaluation

1. Briefly describe work performed by the intern:

2. Discuss the fit of the student's responsibilities with the Internship Learning Agreement goals:

3. What was most impressive about the student intern?

4. What aspect(s) would make this student a stronger intern/this internship a better experience?

Please rate the following categories given the scale below

1: Unsatisfactory, 2: Improvement Needed, 3: Satisfactory, 4: Above Average, 5: Excellent, NA: Not Applicable

Category	1	2	3	4	5	NA	Comments
Quality of Work							
Quantity of Work							
Oral Communication							
Written Communication							
Problem Solving Ability							
Academic Preparation							
Work Ethic							
Ability to use Resources							
Completion of Assignments							
Ability to Accept Responsibility							
Ability to take Direction							
Relationships with others							
Progress toward Learning Goals							
Professionalism							
Timeliness							
Overall Rating							

Hours worked per week: _____

Was the internship paid? Yes No

To your knowledge were the total number of hours contacted for completed? Yes No

Will the student be returning to work upon completion of this internship? Yes No

Is there any additional information you would like to share about the experience? (Attach additional sheet if necessary)