

Internship Supervisor Evaluation Form

(To be completed by the internship supervisor upon completion of the internship)

Name of Student: _____

Date of Evaluation: _____

Internship Supervisor's Position: _____

Name of Agency: _____

Address: _____

Telephone: _____

Inclusive Dates of Internship Activity: _____

Hours Worked per Week: _____ Rate of Pay (if applicable): \$ _____ per _____

Brief Description of Internship Activity:

Culminating Products of Internship Activity:

Check the appropriate column for each item listed below:

Student's Performance:	Exc.	Good	Avg.	Poor	N/A
Quality of Work	_____	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____	_____
Accuracy/Thoroughness	_____	_____	_____	_____	_____
Responsibility/Dependability	_____	_____	_____	_____	_____

Comments:

Student's Attitudes:	Exc.	Good	Avg.	Poor	N/A
Toward the Internship	_____	_____	_____	_____	_____
Toward the Agency	_____	_____	_____	_____	_____
Relations with Co-Workers	_____	_____	_____	_____	_____
Reactions to Criticism	_____	_____	_____	_____	_____

Comments:

How effective was the internship activity in meeting the needs of your organization?

In what ways do you feel the student gained from the internship experience?

Recommended Grade for Intern:

A_____ B_____ C_____ D_____ F_____

Signature

Date