

Return this form to the M & E Department

IMPORTANT: MINIMUM OF 180 work hours to receive 3 credit hours



Supervisor's Internship Evaluation

Please Print

Student Name _____ Major _____

Employer _____ Supervisor _____

Internship Period: Year _____
 Fall Summer
 Spring Other _____

Will this student continue in this position?
 yes If yes, when? _____
 no

Total number of hours worked during this Internship period: _____

This experience was:
 Paid
 Nonpaid

Directions: Please evaluate the student objectively comparing him or her with students of comparable academic level, personnel assigned the same or similarly classified jobs, or individual standards. Use the scale shown here:

E-Excellent	A-Above average	S-Satisfactory	N-Needs improvement	U-Unsatisfactory	N/S-Not applicable
PERFORMANCE ITEM		RATING	COMMENTS, EXAMPLES		
Quality of work (accuracy, thoroughness)					
Quality of work (speed, deadlines)					
Oral communication, expression of ideas					
Written communication skills					
Completion of assignments					
Acceptance of responsibility					
Response to constructive criticism					
Working relationship with others					
Takes initiative, seeks assignments					
Shows enthusiasm, interest in job					
Appropriate appearance, dress					
Resourcefulness, creativity					
Attendance, punctuality					
Understanding/adhering to rules, procedures					
Overall performance rating					

Supervisor's Signature _____ Date _____