

MID-SEMESTER INTERNSHIP RATING FORM

Date:

Student Name:

Internship Supervisor Name:

Agency:

This form, when completed, will only be viewed by your Faculty Supervisor. Your Internship Supervisor will not see this form unless you specifically request that it be made available to him or her. You may write your response on this form or attach a typed separate sheet of paper.

1. Briefly describe what you have accomplished so far. Do you feel that you have made a contribution to the agency?
2. Describe how your duties fit into the overall operation of the agency. (If you have questions about the fit please consult with your internship supervisor.)
3. Has your work plan been modified in any way? If yes, please explain.
4. Do you have access to the necessary resources (such as a desk, phone, computer)? If not, please explain what problems you have encountered.

5. Are you satisfied with the work environment?

6. Are you satisfied with what you have accomplished? Why or why not?

7. Is your supervisor satisfied with your progress? (You will need to speak with your supervisor to determine this.) Why or why not?

This section is for self-evaluation and is designed to help you identify aspects of your performance that enhance your professional growth as well as identifying areas that need improvement. Please complete the self-evaluation by circling the number that corresponds to your assessment. If any areas do not apply to your situation, write N/A on the line. Please feel free to make additional comments on the back of this page.

1 is not at all competent 5 is very competent

Comments/Examples

- 1)** Accurate and thorough
- 2)** Able to work under pressure
- 3)** Effective in oral communications
- 4)** Effective in written communications
- 5)** Effective in preparing and organizing work
- 6)** Takes initiative: a self-starter
- 7)** Able to adjust to non-routine assignments
- 8)** Keeps constructively busy and mentally alert
- 9)** Cooperative in working relationships with others
- 10)** Able to work without close supervision

Student's Signature

Date