

## **FINAL SUPERVISOR EVALUATION**

Date:

Intern Name:

Supervisor Name:

Agency:

---

*This form, when completed, will only be viewed by the Faculty Supervisor. The student you have been supervising will not see this form unless you specifically request that it be made available to him or her.*

Allow student access to this evaluation?  Yes  No

Please rate the following: *1 is not favorable .... 5 favorable*

Intern cooperative?  1  2  3  4  5  N/A

Intern productive?  1  2  3  4  5  N/A

Intern managed time efficiently?  1  2  3  4  5  N/A

Intern work on own initiative?  1  2  3  4  5  N/A

Intern communicated well orally?  1  2  3  4  5  N/A

Intern communicated well in writing?  1  2  3  4  5  N/A

Please answer the following:

1. Was the intern academically prepared for this internship? Please identify any deficiencies.
  
  
  
  
  
  
  
  
  
  
2. What aspects of the intern's overall performance were most positive?

3. What aspects of the intern's overall performance most needed improvement?

4. Were there major changes in the project from what was originally conceived?

Yes  No If yes, please explain.

5. Was a written report or publication required by the internship?

Yes  No If yes, has the report been submitted?  Yes  No

6. Has the intern successfully completed the objectives outlined in the contract?

Yes  No If no, please explain.

7. Do you plan to sponsor interns in the future?

Yes  No If yes, when?  Fall  Spring  Summer  Continuously

8. Would you recommend this internship program to other agencies?  Yes  No

Can you suggest any divisions in your own agency, or other agencies, that might be interested in sponsoring an intern? Please list agency names and contacts on the reverse side of this form.

9. Additional comments.

---

Supervisor's signature

---

Date