|  |  |
| --- | --- |
| Evaluation of Student Intern | Completed by Organizational Supervisor |

\*Please submit to the student’s faculty supervisor.

**This is a** Choose an item.

**May we share this evaluation with the student? Yes No**

**Student’s Name:** Click here to enter text. **Date:** Click here to enter a date.

**Dates of Internship: From** Click here to enter a start date. **to** Click here to enter an end date.

**Name of the Organization:** Click here to enter text.

**Organization Supervisor’s Name:** Click here to enter text.

*Please complete the form based on your observation of the individual’s performance in the designated areas. This sheet will constitute your professional evaluation of the candidate, and may be used in determining the student’s internship grade. In order to comply with the Commonwealth of Pennsylvania’s “Right to Know” Law and Federal Family Educational Rights and Privacy Act of 1974, your comments will be available for review by the student upon request.*

5—**Outstanding** performance 2—Inconsistent **Low Level** performance

4—Consistent **High Quality** performance 1—**Unsatisfactory** performance

3—**Satisfactory** performance N—Not observed

For each question, circle one answer (1 is low, 5 is high):

1. Ability to learn Choose an item. 5. Quality of work Choose an item.

2. Attitude toward work Choose an item. 6. Dependability Choose an item.

3. Relation to co-workers Choose an item. 7. Judgment Choose an item.

4. Reaction to supervision Choose an item. 8. Intern’s academic preparation Choose an item.

**Attendance**: Regular  Irregular **Punctuality**:  Regular  Irregular

The student’s overall performance in the internship is/was:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor | Satisfactory | Good | Very Good | Outstanding |

1. If this is a final evaluation, have you observed significant changes in this intern’s performance since the time of the mid-term evaluation?

Yes  No

1. If this were a final evaluation, hypothetically, would you be willing to hire this intern after graduation, if a suitable position were available?

Yes  No

**Comments** (Include remarks regarding areas showing strength, areas needing development, and any additional comments that will aid in determining the candidate’s capabilities and potential for professional development):

Click here to enter text.

**Rated by:** Entering your name here serves as a digital signature.Click here to enter a date.

**Reviewed by:** Faculty supervisor.Click here to enter a date.