**Intern Evaluation Form** € MACS € MAPS € MFA

 (Check one)

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Title & Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please take time to assess your student intern’s performance. Your feedback will be beneficial to the student’s career development and to our graduate programs. You are welcome to submit a letter of evaluation in lieu of or in addition to this form.

Using the following rating system, please evaluate the student’s performance and submit comments if desired.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5**=Outstanding | **4**=Above Average | **3**=Average | **2**=Below Average | **1**=Unsatisfactory | **N/A**=Not Applicable |

**Work Attitude** 5 4 3 2 1 N/A

**Professional Behavior** 5 4 3 2 1 N/A

**Interpersonal Relations** 5 4 3 2 1 N/A

**Written and Verbal Abilities** 5 4 3 2 1 N/A

**Organizational Skills** 5 4 3 2 1 N/A

**Quality of Work** 5 4 3 2 1 N/A

**Initiative** 5 4 3 2 1 N/A

**In your evaluation, did the student fulfill his/her learning goals? Please comment and, if appropriate, make recommendations to improve this element of the internship experience.**

**Other comments regarding the internship process**

* Site supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_