

Internship Supervisor's Interim Evaluation

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SECTION A - STUDENT COMPLETES THIS SECTION

Name _____ Internship Credit Hours _____
(must work 45 hours per credit hour)

Title/Nature of internship _____
Employer _____

Total Hours Worked to Date _____

Approx % of time spent on each Major Activity (Enter below)

_____% _____
_____% _____
_____% _____

SECTION B - SUPERVISOR COMPLETES THIS SECTION (use back, if necessary)

Please review student activities claimed above, correct if necessary, and initial.

1. Briefly identify orientation, training, supervision provided this intern
2. Major assignments given this intern
3. Major skills and/or knowledge expected of this intern
4. Opportunity to directly observe/evaluate: ____ often ____ sometimes ____ not usually
5. On balance, to date, intern's performance has been (circle one):
Excellent (A) Good (B) Satisfactory (C) Poor (D) Unsatisfactory (F)
6. What specific task, project, or assignment has intern completed exceptionally well?
7. What specific difficulties have you noticed in intern's performance?
8. What could we at ISU do about these difficulties, if any?

Name _____ Title _____

Signature _____ Date _____