

Archives Concentration



Supervisor Evaluation Form

Student: Please complete the upper portion of this form and give it to your supervisor at the beginning of your internship, volunteer or work experience.

Name: _____ | Graduation Year: _____

Supervisor Name and Title: _____

Institution Name:	Address:
	Phone:

Begin and end dates: _____

Supervisor: Please complete the evaluation form below and return it to your student intern or employee at the end of her time working with you. Feel free to discuss this form with the student.

	Needs Improvement	Proficient	Highly Commendable
Demonstrated understanding of position responsibilities			
Managed time effectively to meet deadlines			
Communicated well with other staff members			
Demonstrated knowledge required to meet objectives			
Completed required tasks as assigned by supervisor			
Fulfilled the attendance requirements for the position			

Student fulfilled the overall expectations for this position YES
NO

Additional Comments (please attach a separate sheet if needed):

Supervisor signature: _____ Date: _____

Submit this completed form to your concentration adviser, along with [Documenting your Practical Experience](#) (.PDF).