

Global Financial Institutions 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: _____

Students: Submit this completed form to Jennifer Kennedy at the Conway Center (jkennedy@smith.edu, Campus address: Conway Center, 146 Elm Street).