

Book Studies Concentration



Internship Evaluation Form

1. To the 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. Afterwards, submit the completed form to your Concentration Adviser.

Your name:	Graduation Year:
Who supervised you (name and title):	
Where you worked:	Address:
	Phone:
Begin and end dates:	

2. To the Supervisor:

At the end of the student's time working with you, please complete the evaluation form below and return it to your student intern or employee. Please feel free to discuss your evaluation 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: _____