

**IPFW Academic Internship
Student Evaluation By Supervisor**

Department

Department Phone: (260) ???-???? * * FAX: (260) ???-????

Print all information clearly!

Intern's Name _____ Date _____

Intern's Supervisor _____ Date _____

Organization Name _____ Phone _____

Organization Address _____

	Excellent	Good	Fair	Average	Poor	N/A
Comprehension and Communication						
Listens to and understands assignments						
Asks appropriate questions/seeks clarification						
Effective written and oral communication						
Works well as a team player/with others						
Attitude/Work Habits						
Seeks out and uses constructive criticism						
Adaptable and flexible						
Punctual and reliable						
Shows initiative						
Proper appearance and etiquette						
Enthusiastic/willing to learn						
Performance						
Manages time/meets deadlines						
Demonstrates skills necessary for the work						
Uses academic knowledge and skills						
Shows responsibility for work						
Describe the assignments, projects, and tasks of the intern.						
What are the intern's strengths?						
What are suggested areas for improvement?						
Please provide additional feedback about the intern's performance.						
Overall performance of the intern- circle one	Excellent	Good	Average	Fair	Poor	

We encourage supervisors to discuss this evaluation with the student.

Did you discuss this evaluation with the student? Yes ___ No ___

Supervisor Signature

Date

Student Signature

Date

Thank you very much for completing this evaluation of your intern. We take your comments very seriously. The faculty internship coordinator will review the completed form in order to determine satisfactory fulfillment of the conditions of the internship agreement.

Please return this evaluation to the **FAX number or address listed above.**