

## SUPERVISOR EVALUATION #1

Intern Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Agency \_\_\_\_\_

Please evaluate your intern's development in the following areas by placing an "X" along the line. If any areas do not apply to your situation, write "NA" on the line. Feel free to make additional comments on the back of this page.

Supervision: \_\_\_\_\_  
Requires close supervision | Requires little supervision

Cooperation: \_\_\_\_\_  
Has problems working with others | Works well with others

Initiative: \_\_\_\_\_  
Relies on others for direction | Is self-reliant

Communication:  
(oral and written) \_\_\_\_\_  
Needs improvement | Excellent skill

Productivity: \_\_\_\_\_  
Indolent | Diligent

Organizational  
Skill: (Prioritize,  
Follow-through) \_\_\_\_\_  
Needs improvement | Excellent skill

\_\_\_\_\_  
Intern signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date