INTERN EVALUATION FORM

INSTRUCTIONS.
This evaluation form is to be completed by the supervisor at the end of the semester. The purpose of this evaluation is to assess the overall performance of the intern and to provide guidance to the intern in terms of professionalism and workplace readiness. The evaluation should be made as if the intern were a new employee at your agency/company. Your response will inform the student's final grade. Your feedback is greatly appreciated—please use as much space as you wish, attaching pages as necessary.

Intern's Name ____________________________________________ Semester/Term _________________________

Organization _______________________________________________________________________________________

Name and Title of Supervisor __________________________________________________________________________

POSITION DESCRIPTION.
Please provide a brief description of the intern’s primary duties and responsibilities. Please indicate if there was a need to change duties for any reason over the course of the semester.

OVERALL RATING.
Please rate the overall performance of the intern using the following scale:

1 – Outstanding 2 – Above Average 3 – Fair 4 – Needs Improvement 5 – Poor

PERFORMANCE INDICATORS.
Please assign a numerical mark for each indicator using the same scale as above.

1. _______ Attendance 7. _______ Judgment
2. _______ Punctuality 8. _______ Written expression
3. _______ Ability to solve problems 9. _______ Oral expression
4. _______ Diligence 10. _______ Planning assigned tasks
5. _______ Accuracy of work 11. _______ Growth potential
6. _______ Creativity 12. _______ Professional attitude
INTERN'S STRENGTHS AND WEAKNESSES.
Please remark candidly on the intern’s main strengths and weaknesses in carrying out her/his responsibilities. In which aspects of the internship did s/he excel? How can s/he improve his/her performance?

ADDITIONAL COMMENTS.
Please feel free to comment on any other aspect of the intern’s performance and to make suggestions/recommendations to the Geography Internship Coordinator.

SIGNATURE.
Please sign and date your evaluation here.

Signature

Printed Name

Date

Please return this evaluation form via email to Dr. Caroline Nagel (Internship Program Coordinator, Department of Geography, UofSC), cngel@mailbox.sc.edu

Revised 5.20.2020