

## Evaluation of Intern

Intern's Name \_\_\_\_\_

Quarter \_\_\_\_\_

Agency Supervisor \_\_\_\_\_

Agency \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please complete this evaluation, commenting on the following aspects of the intern and the internship program. After completion please review the evaluation with the intern. The intern will not receive a passing grade unless this form is completed and returned by the end of the quarter.

1. Briefly outline the internship project, the project's objectives, and the work completed to meet these objectives.

2. Was the project completed? If not please explain why?

3. Estimate number of hours worked:

4. What are the intern's strengths? What improvements could be made?

5. Please rate the intern in the following areas:

1 = Unsatisfactory  
 2 = Needs Improvement  
 3 = Average

4 = Above Average  
 5 = Superior  
 NA = Not Applicable

	1	2	3	4	5	NA
Cooperation with staff						
Cooperation with other interns						
Professionalism						
Professional Growth						
Adaptability						
Perseverance						
Necessary background/knowledge						
Enthusiasm						
Ability to grasp concepts						
Dependability						
Responsibility						
Maturity						
Ability to work independently						

6. If you wish, please comment on any of the above areas.

7. Do you have any suggestions on how the Geography Department Internship Coordinator could improve the program to benefit you or the intern?

Agency Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Intern's Signature \_\_\_\_\_

Date \_\_\_\_\_