**University of North Carolina at Greensboro**  
**Internship Program Site Supervisor's Evaluation**

**Student:** ___________________________  
**Intern Company:** _______________________  
**Internship Period:** _______________________

**Internship Supervisor:** _____________________  
**Please Complete by:** _______________________

<table>
<thead>
<tr>
<th>CHECK THE APPROPRIATE RATING</th>
<th>COMMENTS</th>
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| RELATIONS WITH OTHERS | _ Interacts well with others  
_ Gets along satisfactorily  
_ Has difficulty interacting with others  
_ Interacts very poorly with others |
| JUDGMENT | _ Above average in making decisions  
_ Usually makes the right decisions  
_ Often uses poor judgment  
_ Consistently uses bad judgment |
| ABILITY TO LEARN | _ Learns rapidly  
_ Average in learning  
_ Rather slow to learn  
_ Very slow to learn |
| ATTITUDE APPLICATION TOWARD WORK | _ Very interested and industrious  
_ Average in diligence and interest  
_ Somewhat indifferent  
_ Definitely not interested |
| DEPENDABILITY | _ Always dependable  
_ Usually dependable  
_ Sometimes neglectful or careless  
_ Unreliable |
| QUALITY OF WORK | _ Excellent  
_ Very  
_ Average  
_ Below Average  
_ Poor |
| OVERALL RATING | _ Excellent  
_ Very Good  
_ Average  
_ Below Average  
_ Poor |
| ATTENDANCE | _ Regular  
_ Irregular |
| PUNCTUALITY | _ Regular  
_Irregular |
1. Please comment on the intern's preparation for the position, and his/her oral and written communication skills

2. Please comment on the intern's strengths

3. Please comment on the intern's academic or personal areas that need attention

4. What overall comments would you make about the student's performance?

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SITE SUPERVISOR: Please review this evaluation with the intern before he/she leaves the internship.

Did the intern meet the goals and objectives agreed upon for this internship? Yes ( ) No ( )

Are you interested in having another UNCG intern work with you in the future? Yes ( ) No ( )

Has this report been discussed with the student? Yes ( ) No ( )

Signature of Supervisor Completing Form Date

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PLEASE RETURN TO:
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