

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

Student: _____ Internship Period: _____

Internship Company: _____

Internship Supervisor: _____

Please Complete by: _____

| CHECK THE APPROPRIATE RATING | | COMMENTS |
|----------------------------------|--|----------|
| RELATIONS WITH OTHERS | <input type="checkbox"/> Interacts well with others <input type="checkbox"/> Gets along satisfactorily <input type="checkbox"/> Has difficulty interacting with others <input type="checkbox"/> Interacts poorly with others | |
| JUDGEMENTS | <input type="checkbox"/> Above average in making decisions <input type="checkbox"/> Usually makes the right decisions <input type="checkbox"/> Often uses poor judgement <input type="checkbox"/> Consistently uses bad judgement | |
| ABILITY TO LEARN | <input type="checkbox"/> Learns rapidly <input type="checkbox"/> Average in learning <input type="checkbox"/> Rather slow to learn <input type="checkbox"/> Very slow to learn | |
| ATTITUDE APPLICATION TOWARD WORK | <input type="checkbox"/> Very interested and industrious <input type="checkbox"/> Average in diligence and interest <input type="checkbox"/> Somewhat indifferent <input type="checkbox"/> Definitely not interested | |
| DEPENDABILITY | <input type="checkbox"/> Always dependable <input type="checkbox"/> Usually dependable <input type="checkbox"/> Sometimes neglectful or careless <input type="checkbox"/> Unreliable | |
| QUALITY OF WORK | <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor | |
| ATTENDANCE | <input type="checkbox"/> Regular <input type="checkbox"/> Irregular | |
| PUNCTUALITY | <input type="checkbox"/> Regular <input type="checkbox"/> Irregular | |

1. Please comment on the intern's preparation, and inter's oral and written communication skills
2. Please comment on 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?

SITE SUPERVISOR: Please review this evaluation with the intern before leaving the 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

PLEASE RETURN TO:

Internship Supervisor:

Email:

Department of Communication Studies

UNCG

Greensboro, NC 27412