**Stetson University**

Supervisor: Internshiip Final Evaluation

*This form should be completed by the student’s primary supervisor at the company/organization.* *Your feedback is an integral part of the student’s learning experience and professional development.*

Intern’s Name: Intern’s Position:

Your Name: Your Position:

Your Organization: Your E-mail:

Dates of Internship: Start Date (MM/YYYY): End Date (MM/YYYY):

**Please rate the student's PERFORMANCE based on the specific areas below:**

**(Scale: 5=Excellent, 4=Above Average, 3=Average, 2=Below Average, 1=Poor)**

Established rapport with supervisor  5 4 3 2 1

Established rapport with staff/co-workers 5 4 3 2 1

Demonstrated enthusiasm 5 4 3 2 1

Accepted constructive criticism 5 4 3 2 1

Took initiative  5 4 3 2 1

Work Ethic 5 4 3 2 1

Punctuality/dependability 5 4 3 2 1

Quality of Work 5 4 3 2 1

Intern learning outcomes met 5 4 3 2 1

(worked diligently toward meeting own learning goals)

Overallperformance 5 4 3 2 1

**Please rate your intern's SKILLS, KNOWLEDGE, OR ABILITY in the competency areas outlined below:**

**(Scale: 5=Excellent, 4=Above Average, 3=Average, 2=Below Average, 1=Poor, NA=Not Applicable)**

Oral communication  5 4 3 2 1 NA

Written communication 5 4 3 2 1 NA

Critical thinking/problem solving 5 4 3 2 1 NA

Teamwork**/c**ollaboration 5 4 3 2 1 NA

Information technology application  5 4 3 2 1 NA

Professionalism (Behavior & Appearance) 5 4 3 2 1 NA

Planning/organizational skills  5 4 3 2 1 NA

Quantitative analysis  5 4 3 2 1 NA

Ability to synthesize and integrate  5 4 3 2 1 NA

ideas and information

Knowledge of basic concepts in this field 5 4 3 2 1 NA

or discipline

Optional: Major Specific Questions (to be added by Faculty Instructor)

1.

2.

3.

SUMMARY OF STUDENT STRENGTHS SUMMARY OF IMPROVEMENT OPPORTUNITIES

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Additional Internship Site Supervisor Comments:

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Has this evaluation been discussed with the student? Yes No

Comments by Student Intern:

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Student Intern Date

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Intern Site Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Instructor Date

**Optional Questions: (Will not be shared with student):**

How would you rate the quality of Stetson University’s students compared with students from other institutions?

**5=Excellent, 4=Above Average, 3=Average, 2=Below Average, 1=Poor, NA=Not Applicable**

Please add additional comments to explain your rating:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If circumstances permitted, would you hire this intern for a permanent position? Yes No

Would you be willing to supervise additional Stetson University interns? Yes No

Additional Comments: