

ON-SITE SUPERVISOR'S EVALUATION OF INTERN

This form is to be completed immediately following the internship, with one copy sent to the intern, and one copy sent to:

Dept. of Communication Studies
University of North Carolina @ Chapel Hill
117 Bingham Hall, CB 3285
Chapel Hill, NC 27599-3285
FAX: 919-962-3305

INTERN'S NAME _____

ON-SITE SUPERVISOR'S NAME _____

TITLE: _____

ORGANIZATION: _____

Address: _____

PHONE: _____

EMAIL: _____

TOTAL HOURS WORKED _____

DATES OF INTERNSHIP: FROM _____ TO: _____

Please indicate your evaluation of the intern in these areas using the following scale:

1= excellent, 2 = good, 3= fair, 4= improvement needed, 5= satisfactory

- ___ Understands job responsibilities
- ___ Follows instructions
- ___ Accepts direction from supervisors
- ___ Learns quickly
- ___ Motivated
- ___ Works well alone once assigned task
- ___ Produces good quantity of work
- ___ Produces good quality of work
- ___ Communicates well with others
- ___ Uses time efficiently
- ___ Works well under pressure
- ___ Trustworthy
- ___ Demonstrates leadership

- ___ Well liked and respected by co-workers
- ___ Completes work on time
- ___ Well groomed
- ___ Seeks increased responsibility
- ___ Potential to succeed in a career similar to internship

COMMENTS: (include a separate page if necessary)

On-site supervisor's signature _____

Date: _____

General Comments about the Internship program: