Graduate Supervisor Evaluation
Due at the completion of the internship

Intern Name_____________________________________ Supervisor______________________________________
Agency________________________________________________________________________________________

To be filled out by the student and discussed with Internship Supervisor

1. What impact has this experience had on your professional development?

2. What skills and/or knowledge will you add to your resume as a result of this experience?

3. What has been your most significant accomplishment?

4. If there has been a frustrating aspect of this internship, what is it?
To be filled out by the supervisor

Please rate the following: Not favorable Favorable

Intern cooperative? 1 2 3 4 5
Intern productive? 1 2 3 4 5
Intern managed time efficiently? 1 2 3 4 5
Intern worked on own initiative? 1 2 3 4 5
Intern communicated well? 1 2 3 4 5

Please answer the following:

1. Was the intern academically prepared for this internship?

2a. What aspects of the intern’s overall performance were most positive?

b. What aspects of the intern’s overall performance needed most improvement?

3. Were there major changes in the project from what was originally conceived? □ yes □ no

If yes, please explain:
4. Was a written report or publication required by the internship?  ☐ yes  ☐ no

If yes, has the report been completed and submitted?  ☐ yes  ☐ no

5. Has the intern successfully completed the objectives outlined in the contract?  ☐ yes  ☐ no

6. Would you envision sponsoring interns in the future?  ☐ yes  ☐ no

If yes, during what period?  ☐ fall  ☐ spring  ☐ summer  ☐ continuously

7. Would you recommend this internship program to other agencies?  ☐ yes  ☐ no

8. Additional comments:

___________________________________    ________________________________
Intern signature Date       Supervisor signature Date