

Internship Program

Student Name:

Supervisor name and telephone:

Name of organization and complete address: _____

Give a brief description of the student's duties and responsibilities:

Instructions: Evaluate the intern's performance in the areas shown using the following scale:

EXCELLENT- Always performed above the level of skill expected by the supervisor.

VERY GOOD- Frequently performed above the level of skill expected.

GOOD- Performed at level of skill expected.

FAIR- Seldom performed at the level of skill expected.

UNSATISFACTORY- Did not perform at the level expected.

NOT APPLICABLE- No basis for evaluating performance in this area.

| A. Performance of Duties | E | VG | G | F | U | NA |
|----------------------------------------------------------|---|----|---|---|---|----|
| Ability to follow instructions: | | | | | | |
| Willingness to ask questions if unsure of procedure: | | | | | | |
| Willingness to learn/be taught by supervising personnel: | | | | | | |
| Ability to maintain work schedule: | | | | | | |
| Ability to work independently: | | | | | | |
| Ability to take initiative: | | | | | | |

| B. Resources and Skills | E | VG | G | F | U | NA |
|---------------------------------------------------------------|---|----|---|---|---|----|
| Ability to comprehend/think analytically: | | | | | | |
| Ability to accomplish tasks: | | | | | | |
| Willingness to undertake new or unfamiliar activities: | | | | | | |
| Ability to solve problems: | | | | | | |
| Ability to express concerns or ideas orally: | | | | | | |
| Ability to express concerns or ideas in written form: | | | | | | |
| Demonstrated application of skills acquired while in college: | | | | | | |

| C. Interaction with Colleagues | E | VG | G | F | U | NA |
|-------------------------------------------|---|----|---|---|---|----|
| Ability to get along with co-workers: | | | | | | |
| Willingness to accept criticism: | | | | | | |
| Ability to work with a team on a project: | | | | | | |

D. As an overall evaluation, which of the following grades is most appropriate?

- | | | |
|-----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> A+ | <input type="checkbox"/> A | <input type="checkbox"/> A- |
| <input type="checkbox"/> B+ | <input type="checkbox"/> B | <input type="checkbox"/> B- |
| <input type="checkbox"/> C+ | <input type="checkbox"/> C | <input type="checkbox"/> C- |

PLEASE WRITE ADDITIONAL COMMENTS BELOW: (In addition to being reviewed by faculty members, it is possible that we will use these comments for press releases and publications. Your signature below authorizes such use, unless you specify otherwise.)

(Student's Signature) _____ (Date) _____

(Supervisor's Signature) _____ (Date) _____

By signing above, I authorize Juniata College to use information provided by me (on this sheet, verbally, etc.) and/or photographs of my organization's physical plant and personnel for news release to the media, or for other means of public information (college publications, etc.).

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Will you offer this internship again? ☐ Yes ☐ No ☐ Possibly

Do you offer any additional internship's? ☐ Yes ☐ No ☐ Possibly

If "yes" or "possibly," please list additional opportunities here or send relevant literature:
