



## SUPERVISOR'S INDIVIDUAL STUDIES EVALUATION FORM

This form to be completed by the intern's on-site supervisor is meant to provide constructive feedback to the student and course instructor about the student's relative strengths and weaknesses as demonstrated in the internship. Unless the evaluation is extremely positive or negative, it will not significantly affect the student's grade for the internship, which is primarily based on the quality of the related academic coursework. **Please complete this form and email to [didaly@email.arizona.edu](mailto:didaly@email.arizona.edu) by the last day of the semester(s) for which you are registered.**

**Student Name:** \_\_\_\_\_ **Semester(s) of Internship:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Site Supervisor:** \_\_\_\_\_

The supervisor should evaluate the intern as objectively as possible by selecting the number in each range that best describes the intern's performance for that characteristic. If the quality in question is irrelevant to the work the student has been performing, please select "N/A" (not applicable).

<b>Attitude</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Dependability/Punctuality/Attendance</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Ability to Learn</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Skills and Accuracy in Work</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Quantity of Work</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Quality of Work</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Relations with Others</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Initiative/Leadership</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Communication Skills – Written</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Communication Skills – Oral</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Organizational Skills</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Flexibility</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Observance of Rules, Policies, and Procedures</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Creativity</b>	Excellent	5	4	3	2	1	Poor	N/A
<b>Responsiveness to Criticism</b>	Excellent	5	4	3	2	1	Poor	N/A



<b>Other Skills Unique to Position</b>								
1.	Excellent	5	4	3	2	1	Poor	N/A
2.	Excellent	5	4	3	2	1	Poor	N/A
3.	Excellent	5	4	3	2	1	Poor	N/A

What are the student's outstanding STRENGTHS? \_\_\_\_\_

In what areas does the student need IMPROVEMENT? \_\_\_\_\_

How often did you provide feedback to the intern about his/her work?

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ 1-2 times \_\_\_\_\_ Never \_\_\_\_\_

How many hours per week did the student work at this internship? \_\_\_\_\_

Has this report been discussed with the intern? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Recommendation of final grade** (Please circle one only):

S=Superior      P=Passing      F=Failing

I=Incomplete (Requires Department Approval)

\_\_\_\_\_  
 Student Signature (if jointly completed)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Site Supervisor's Signature

\_\_\_\_\_  
 Date

Site Supervisor's Email \_\_\_\_\_