

Internship / Experiential Learning Pre- Evaluation



Student Name: _____ Major /Minor Degree: _____

Organization Site Name and Location: _____

Supervisor Name: _____ Supervisor Phone #: _____

Internship/Experience Start Date: _____ End Date: _____

Student's Position Title: _____ Total Hours Completed _____

(Pre – Evaluation must be completed and returned upon the first 10 hours of the work experience)

Please rate the following aspects of your internship experience on the basis of this scale:

- 1) **Unsatisfactory** (Unacceptable - does not meet the minimum expectations)
 - 2) **Fair** (Seldom demonstrates this ability/rarely meets expectations)
 - 3) **Good** (Sometimes demonstrates this ability/meets expectations)
 - 4) **Exceptional** (Always demonstrates this ability/consistently exceeds expectations)
- NA) **Not Applicable** to this internship experience.

Interns Performance	1	2	3	4	NA
Attendance/Punctuality					
Appearance					
Communication Skills					
Ability to follow directions					
Teamwork					
Social interaction					
Completion of assigned tasks					
Quality of work					
Cooperation					
Problem solving					
Creativity					
Initiative					
Computer skills					
Stress management					
Displays professional behavior and attitude					
Exhibits self-motivated approach to work					

Comments: _____

Note to student: You are responsible for submitting this form to your supervisor during your initial meeting. Failure to do so may result in a delay of completion of the graduation requirement. Please remember to keep track of your schedule and hours.

Note to supervisor: We appreciate your time and investment in our students. Please complete and return this form via email when student has completed his/her work internship experience.

Please contact us if you have any questions, concerns, or would like to discuss anything regarding our students.

Intern's Signature: _____ **Date** _____

Supervisor's Signature: _____ **Date:** _____