Name of Intern:

Location of Internship:

Brief Description of Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor:

Address: Phone:

**MID-PROJECT EVALUATION**

In the space provided, please check appropriate column and add written comments deemed appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Outstanding | Good | Adequate | Needs improvement | Unacceptable |
|  |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Interaction with supervisor |  |  |  |  |  |
| Interaction with co-workers |  |  |  |  |  |
| Interaction with population served |  |  |  |  |  |
| Quality of work |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Contribution to agency |  |  |  |  |  |
| Commitment to project |  |  |  |  |  |

Additional comments:

Areas that need adjustment:

Where and when can faculty advisor contact you? Time\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_