

ON-SITE SUPERVISOR'S EVALUATION OF INTERN

This form is to be completed immediately following the internship, with one copy sent to the intern, and one copy sent to:

Dept. of Communication Studies
University of North Carolina @ Chapel Hill
117 Bingham Hall, CB 3285
Chapel Hill, NC 27599-3285
FAX: 919-962-3305

INTERN'S NAME _____

ON-SITE SUPERVISOR'S NAME _____

TITLE: _____

ORGANIZATION: _____

Address: _____

PHONE: _____

EMAIL: _____

TOTAL HOURS WORKED _____

DATES OF INTERNSHIP: FROM _____ TO: _____

Please indicate your evaluation of the intern in these areas using the following scale:

1= excellent, 2 = good, 3= fair, 4= improvement needed, 5= satisfactory

___ Understands job responsibilities

___ Follows instructions

___ Accepts direction from supervisors

___ Learns quickly

___ Motivated

___ Works well alone once assigned task

___ Produces good quantity of work

___ Produces good quality of work

___ Communicates well with others

___ Uses time efficiently

___ Works well under pressure

___ Trustworthy

___ Demonstrates leadership

- ☐ Well liked and respected by co-workers
- ☐ Completes work on time
- ☐ Well groomed
- ☐ Seeks increased responsibility
- ☐ Potential to succeed in a career similar to internship

COMMENTS: (include a separate page if necessary)

On-site supervisor's signature _____

Date: _____

General Comments about the Internship program: