



**Supervisor Mid-Term Internship Evaluation**  
(to be completed by supervisor)

Thank you for taking the time to complete the I@S Mid-Term Internship Evaluation. This evaluation will help determine if you are on track to meet the objectives identified in your Learning Agreement.

***This evaluation is a required component of the I@S internship program.***

***You are also required to review this evaluation with your intern.***

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Supervisor Name : \_\_\_\_\_  
(Last) (First) (Middle)

Supervisor E-Mail: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Department Interning In: \_\_\_\_\_

Student's Internship Title: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

**Please rate the following statements below based on the student intern so far:**

	<u>POOR</u>			<u>EXCELLENT</u>	
Intern's job performance	1	2	3	4	5
Intern's attendance	1	2	3	4	5
Intern's attitude	1	2	3	4	5
Your availability to answer intern's questions	1	2	3	4	5
Regularly scheduled meetings with your intern	1	2	3	4	5
Intern's willingness to ask for help	1	2	3	4	5
Job duties are related to the Learning Agreement objectives	1	2	3	4	5
Intern is developing skills essential to their career field	1	2	3	4	5
Intern is meeting expectations set in the Learning Agreement	1	2	3	4	5
Intern is receiving necessary training and resources to do their job	1	2	3	4	5

**Please rate the following statements below based on the student intern so far:**

	<u><b>POOR</b></u>			<u><b>EXCELLENT</b></u>	
Intern is challenged by the work they are doing	1	2	3	4	5
Intern's overall internship performance	1	2	3	4	5

**Additional Comments or Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel the initial Learning Agreement needs to be modified? Yes\_\_\_\_\_ No\_\_\_\_\_  
(If yes, get with your student intern to make any changes to your objectives)

By signing below you are stating that you have reviewed the Mid-Term Internship Evaluation with the student intern.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Please fax or mail completed and signed form to:</b>
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**Bill Morgan** – Internships@State Program

Mail: 113 Student Services Bldg., East Lansing MI 48824-1113

**Fax: (517) 355-9523**

E-mail: Morganw6@msu.edu

Phone: (517) 884-1347

Supervisors: If there is any additional information regarding your internship experience you would like to discuss please feel free to contact me at the information above.