

Internship Performance Report

This evaluation is designed to provide feedback on the intern's performance and related issues to assist the student in his/her academic, personal and professional development. Please review and discuss this evaluation with the student.

This evaluation is due in the Registrar's Office no later than 30 days after the completion of the internship.

Student's Name: _____

Internship Site/Department: _____

Supervisor's Name and Title: _____

Address: _____

Phone: _____

E-Mail: _____

Internship Site Web Site: _____

Beginning Date of Internship: _____

Ending Date of Internship: _____

Hours Per Week: _____ **Total Hours:** _____

Attach
Business Card

Record your appraisal of the student's performance by placing an "X" in the appropriate box below. For any items with a rating of "1" or "2," provide an explanation on the second page of the form. Comments on any items not listed would also help the student. Use "N/A" if there has been no opportunity to observe the skill or if it is not relevant to your work environment.

1 = Poor 2 = Mediocre 3 = Average 4 = Good 5 = Outstanding

	N/A	1	2	3	4	5
Able to meet deadlines; produces work of specified quality and quantity						
Self starter; does more than required; approaches assignments with enthusiasm						
Able to prioritize; reaches logical decisions						
Accepts constructive criticism; works well under pressure; adaptable to change						
Conforms to work schedules; follows through on assignments						
Expresses information clearly both verbally and in writing; good listener; follows instructions						
Self motivated; asks questions to enhance knowledge; asks for new challenges						
Dependable; no excessive absences or tardiness						
Professional appearance and demeanor						

1. What do you consider the intern's strengths?

2. What do you consider the intern's weaknesses. Address any items receiving a rating of "1" or "2" above.

3. Hypothetically, if your organization had an opening for a person with the background of this intern, would you hire him or her? Why or why not?

4. Do you have any suggestions that would improve the internship program or better prepare students for an internship of this nature?

5. Would you/this site be interested in another intern from Washington University in St. Louis College & Graduate School of Art? If yes, whom should we contact and when? (Include e-mail address and telephone number.)

Supervisor's Signature: _____ Date: _____

This evaluation must be on file before the intern will receive credit. Please return within 30 days from the end of the internship. **Evaluations must be returned directly from the employer/supervisor to:**

Registrar's Office
Washington University in St. Louis
College & Graduate School of Art
Campus Box 1031
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314-935-6462 (fax)
314-935-4761 (telephone)