SCJM Field Supervisor Evaluation of Student Intern

Please return this form upon completion of internship supervision to: Jim Wojcik, SCJM Internship Coordinator, Central Michigan University, Moore Hall 454, Mt. Pleasant, MI 48859 or via email wojci1jj@cmich.edu.

Please evaluate _____

(student intern name)

according to your observations and supervision of her/his work as an intern. Check only those items you think are applicable. Your evaluation will be used to help determine a grade for the student's internship experience and provide professional feedback for the student. Thank you for your time and cooperation.

	Excellent (A A-)	Good (B+ B)	Average (B- C+ C)	Below Average (C- D+)	Poor (D D-)	N/A
Ability to meet deadlines						
Demonstrates initiative						
Ability to work independently on projects						
Willingness to assume responsibility						
Ability to follow instructions						
Possesses professional attitude						
Ability to work with colleagues and supervisors						
Ability to analyze and synthesize						
Ability to conduct research						
Ability to write						
Ability to orally communicate						
Ability to use computers						
Degree of improvement						
Overall quality of work						
Ability to use social media						

In your opinion, did the student have the basic knowledge and skills required for this internship?

What are the intern's apparent strong poin	ts?												
Weak points?													
	A	A-	B+	В	B-	C+	С	C-	D+	D	D-	E	(circle one)
Check if you prefer this evaluation remains confidential.													