

INTERNSHIP EVALUATION

Last name First name M is a student enrolled in the internship class CM430. He/She will receive a 3 hour credit at the completion of the internship. As the student's supervisor, please evaluate the student's performance upon the completion of the internship (100 hrs min.). Candid evaluations are appreciated as this is a learning experience for our students.

Internship date: From _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Organization: _____

Supervisor: _____
Last name First name M

Has the student successfully completed at least 100 hours? ☐ Yes ☐ No

Please indicate the number which best describes the intern's performance. Outstanding performance to below average, 1-5 with 1= outstanding, 2=very good, 3=good or average, 4= below average and 5=not observed

PERSONAL QUALITIES:

	1	2	3	4	5
Appearance	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐	☐

COMMUNICATION

	1	2	3	4	5
effective writing skills	☐	☐	☐	☐	☐
effective verbal skills	☐	☐	☐	☐	☐
contributes ideas & input	☐	☐	☐	☐	☐

WORK HABITS

	1	2	3	4	5
Dependable /Responsible	☐	☐	☐	☐	☐
Initiative/work independently	☐	☐	☐	☐	☐
Can work under supervision	☐	☐	☐	☐	☐
Can work as a member of a team	☐	☐	☐	☐	☐
Quality of work	☐	☐	☐	☐	☐
Attendance	☐	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐	☐
Can complete tasks on time	☐	☐	☐	☐	☐

SKILLS IN TASK PERFORMANCE

	1	2	3	4	5
Good People Skills	☐	☐	☐	☐	☐
Demonstrates skills necessary for job	☐	☐	☐	☐	☐
Seeks additional job responsibilities	☐	☐	☐	☐	☐
Willing to learn new skills	☐	☐	☐	☐	☐
Judgment/decision making	☐	☐	☐	☐	☐
Creativity	☐	☐	☐	☐	☐
Technical/video/film skills	☐	☐	☐	☐	☐

ATTITUDE

	1	2	3	4	5
Motivated	☐	☐	☐	☐	☐
Attitude toward learning	☐	☐	☐	☐	☐
Accepts constructive criticism	☐	☐	☐	☐	☐
Work Ethic	☐	☐	☐	☐	☐
Pleasant with staff & clients	☐	☐	☐	☐	☐
Willingness to take direction	☐	☐	☐	☐	☐
Follows directions/applies instruction	☐	☐	☐	☐	☐
Diligent, enthusiastic, focused	☐	☐	☐	☐	☐
Ability to get along with others	☐	☐	☐	☐	☐

ACADEMIC PREPARATION

	1	2	3	4	5
Sufficient subject knowledge in field	☐	☐	☐	☐	☐
Seeks out others to gain knowledge	☐	☐	☐	☐	☐

STUDENT'S OVERALL PERFORMANCE IN THE INTERNSHIP IS/WAS:

☐ 1 - Outstanding ☐ 2 - Very Good ☐ 3 - Good ☐ 4 - Satisfactory ☐ 5 - Poor

1. What do you consider to be the outstanding personal qualities/strengths of the intern?

2. What do you consider to be the weakness of the intern?

3. If you had a position open in the area of the intern student's experience, would you seriously consider the student as a candidate for that position? (This is not a commitment of a position to the student.) ☐ Yes ☐ No

4. Do you have any suggestions for improvement in our internship program?

Sponsor: _____ Title: _____

Organization: _____ Date: _____
mm/dd/yyyy

Phone: _____ Email: _____

Agency address: _____
Street

City: _____ State: _____ Zip: _____

Please Fax (713-313-7259), email (gamblevw@tsu.edu), or mail evaluation to:

Vanya Gamble, Internship Coordinator

Texas Southern University

School of Communication, 3100 Cleburne St. Houston, Texas, 77004

Phone number: 713-313-6889

Evaluation must be received one week before the end of the semester.

Intern should not deliver this evaluation. Thank you.