



Undergraduate Internship Program Agency Evaluation of Intern

Intern's Name: _____

Agency: _____

Position Title: _____

Supervisor's Name: _____

Address: _____

Phone: _____ **Fax:** _____

Describe the intern's duties and responsibilities:

Describe the intern's specific projects:

Describe any new skills that the intern acquired during the internship:

How valuable to you and your organization was the work completed by the intern?

- very valuable valuable somewhat valuable not valuable

Please rate the intern's performance in the following areas, using the following scale:

- 4: Exceptional - Consistently exceeded expectations
 3: Good - Sometimes exceeded expectations
 2: Fair - Met expectations
 1: Unsatisfactory - Did not meet expectations

| | | | | |
|--|---|---|---|---|
| a. Exhibits a positive and professional attitude | 4 | 3 | 2 | 1 |
| b. Effectively manages her/his time | 4 | 3 | 2 | 1 |
| c. Seeks out and utilizes appropriate resources | 4 | 3 | 2 | 1 |
| d. Comprehends and follows instructions | 4 | 3 | 2 | 1 |
| e. Has the skills necessary to complete assigned projects | 4 | 3 | 2 | 1 |
| f. Communicates ideas and concepts clearly | 4 | 3 | 2 | 1 |
| g. Demonstrates effective communication skills | 4 | 3 | 2 | 1 |
| h. Exhibits a self-motivated approach to work | 4 | 3 | 2 | 1 |
| i. Respects the diversity of co-workers | 4 | 3 | 2 | 1 |
| j. Establishes effective working relationships with co-workers | 4 | 3 | 2 | 1 |

Please indicate your assessment of the intern's performance using the following scale:

- 3: Exceeds what is expected of a professional in a similar capacity
 2: Equals what is expected of a professional in a similar capacity
 1: Below what is expected of a professional in a similar capacity

| | | | | |
|---------------------|---|---|---|-----|
| a. Quality of work | 3 | 2 | 1 | N/A |
| b. Quantity of work | 3 | 2 | 1 | N/A |
| c. Problem Solving | 3 | 2 | 1 | N/A |
| d. Job Knowledge | 3 | 2 | 1 | N/A |
| e. Attitude | 3 | 2 | 1 | N/A |
| f. Teamwork | 3 | 2 | 1 | N/A |
| g. Dependability | 3 | 2 | 1 | N/A |
| h. Adaptability | 3 | 2 | 1 | N/A |
| i. Initiative | 3 | 2 | 1 | N/A |

Overall evaluation: What is your overall evaluation of the intern's performance?

- Exceeds what is expected of a full-time employee in a similar capacity.
- Equals what is expected of a full-time employee in a similar capacity.
- Below what is expected of a full-time employee in a similar capacity.

Do you have any suggestions for improving the Levin College of Urban Affairs Undergraduate Internship Program?

Additional comments:

(Please feel free to use the other side of this page or attach a separate sheet to address other observations/comments)

Please respond to the following questions:

Would you like to host another intern? Yes No

Has this internship evaluation been discussed with the student? Yes No

Do you have any objection to the content of this evaluation being made available to the student? Yes No

Evaluator's Signature: _____ **Date:** _____

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| <p style="text-align: center;">Please return this evaluation to: Office of Student Services, UR 205 Levin College of Urban Affairs Mail: 2121 Euclid Avenue, Cleveland, Ohio 44115. Campus Location: 1717 Euclid Avenue, Cleveland, Ohio Telephone: (216) 687-3884 Fax: (216) 687-5398 Email: urbanadvising@csuohio.edu</p> |
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