Internship Final Review

Name of Intern: ________________________________

Did the intern complete the required 120 hours of supervised, volunteer experience?

_____YES  _____NO

This form is to help us evaluate the professionalism and competency of our student interns working with you this past semester. Simply rate each intern on each of the performance outcomes listed below. Thank you for your help.

**Exceeded** (E) = Performance **consistently exceeded** expectations.

**Achieved** (A) = Performance **consistently achieved** expectations.

**Learning** (L) = Performance was consistent with expected **learning** curve.

**Below** (B) = Performance was **below** expectations

**Performance as a member of the staff:** This includes specific characteristics such as attendance, initiative, promptness, punctuality, appearance, reliability, resourcefulness and self-reliance.

_____  Comments:

**Performance on assigned tasks:** This includes their ability to complete assigned tasks and whether they were able to handle progressively more difficult tasks over the course of their internship.

_____  Comments:
**Professionalism and ethical behavior:** This includes their ability to follow rules and expectations of job, use discretion, and maintain confidentiality.

Comments:

**Ability to work with others:** This includes their ability and willingness to interact with fellow workers, the public, clients, and administrators.

Comments:

**Potential for work in the field:** How prepared are they to work in the field? Do they have the necessary competency for entering the workforce in this field or a closely related field?

Comments:

Please sign, date, and return to student in a signed and sealed envelope. Thank you very much for your assistance.

_________________________________________    Date:__________

Name of Agency:_________________________________________

Please sign below if you would allow us to share this evaluation with the student. Do not sign if you would like to keep this evaluation confidential.

_________________________________________    Date:__________