SUPERVISOR EVALUATION of INTERNSHIP

Undergraduate Degree Programs
Rocket Hall, Suite 1300
419.530.3142

Student Name ___________________________________________ Date ________________________

Supervisor Name ____________________________________Title ______________________________

Organization _____________________________________Phone Number ________________________

Address _______________________________________City _____________________State _________

As the on-site supervisor of the Internship completed by the above named student, please assist us to evaluate the student’s project by answering the following questions.

What is your best estimate of the number of hours this person spent on the internship? _______________

IN YOUR OPINION:

Did the internship make a positive contribution to your organization? Yes ____________ No__________

Material from the internship will be adopted by my organization: Yes ____________ No_____________

How would you rate the student’s overall performance in the project? (Please check one)

Outstanding __________ Very Good _________ Good _________ Fair ___________ Poor ___________

COMMENTS: (Attach additional comments if additional space is needed.)

Did the student arrive on time on a regular basis and complete their assigned work?

Was the student respectful in your organization and act in a professional manner?

Would you allow other UT students to complete an Internship within your organization in the future?

Please add your comments indicating your reaction to the Internship and the resulting project.

Name (please print or type) ______________________________________________________________

Signature__________________________________________________________Date_______________

Aug-13