

GNSHS/COPAY FINAL INTERNSHIP EVALUATION

Name of intern: _____ Placement (company name): _____

Name of Supervisor: _____ Phone / Email: _____

Signature: _____ Date: _____

TOTAL NUMBER OF HOURS COMPLETED TO DATE BY INTERN: _____

Please use the following key to provide an evaluation of your intern's work over the course of the semester:

U = UNSATISFACTORY
N = NEEDS IMPROVEMENT
S = SATISFACTORY
G = GOOD
E = EXCELLENT

| <u>Category</u> | <u>Rating</u> <u>(circle one)</u> |
|--|--------------------------------------|
| 1. Attendance and punctuality <i>(also please be sure to initial and return the sign-in sheet)</i> | U N S G E |
| 2. Quality of work (ACCURACY / COMPLETION / TIMELINESS / CONSISTENCY) | U N S G E |
| 3. Ability to take initiative | U N S G E |
| 4. Level of motivation / Attitude | U N S G E |
| 5. Interaction with others (CUSTOMERS / CO-WORKERS, ETC.) | U N S G E |
| 6. What improvement or progress did you see throughout the course of the semester? (Please note specific areas and/or skills.) | |
| 7. What are the intern's strengths? | |
| 8. What could the intern improve on? | |
| 9. How would you describe the intern's ability to interact with others? | |
| 10. Please use this space or attach an additional sheet for any further comments. | |