

GNSHS/NSUH FINAL INTERNSHIP EVALUATION

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

Name of Supervisor: _____ Phone / Email: _____

Signature: _____ Date: _____

THE INTERN LISTED ABOVE HAS BEEN MAINTAINING THE FOLLOWING SCHEDULE SINCE HIS/HER START DATE OF: _____ (day) / _____ (month)

Please circle day(s): Mon. / Tues. / Wed. / Thurs. / Fri. / Sat. / Sun.

Shift: _____ am/pm - _____ am/pm

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.	