Department of Justice Studies at James Madison University

PROVIDER’S EVALUATION OF INTERN

Intern’s Name:

**DIRECTIONS:** Please provide candid responses to the following items. This assessment of the intern’s performance will be a **major factor in the determining the intern’s grade for internship**.

**I. Specific Task Performance**

In the blanks below, please enter the four most important tasks or skills the student was called upon to perform or use in the internship. Please indicate (1) the **frequency** with the task (or skill) was exercised, and (2) the level of **proficiency** achieved by the intern. In judging the level of proficiency, consider the amount of time the student expended on the task (or skill) and compare the intern’s proficiency with that of others with similar training and experience. Please circle your choices.

**TASK/SKILL A:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FREQUENCY** | **Seldom** | **Weekly** | **Daily** |
| COMMENTS: |  |  |  |
| **PROFIENCY** | **ABOVE AVERAGE** | **AVERAGE** | **BELOW****AVERAGE** |
| COMMENTS: |  |  |  |

**TASK/SKILL B:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FREQUENCY** | **Seldom** | **Weekly** | **Daily** |
| COMMENTS: |  |  |  |
| **PROFIENCY** | **ABOVE AVERAGE** | **AVERAGE** | **BELOW****AVERAGE** |
| COMMENTS: |  |  |  |

**TASK/SKILL C:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FREQUENCY** | **Seldom** | **Weekly** | **Daily** |
| COMMENTS: |  |  |  |
| **PROFIENCY** | **ABOVE AVERAGE** | **AVERAGE** | **BELOW****AVERAGE** |
| COMMENTS: |  |  |  |

**TASK/SKILL D:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FREQUENCY** | **Seldom** | **Weekly** | **Daily** |
| COMMENTS: |  |  |  |
| **PROFIENCY** | **ABOVE AVERAGE** | **AVERAGE** | **BELOW****AVERAGE** |
| COMMENTS: |  |  |  |

**II. GENERAL WORK BEHAVIOR:** Please assess the intern’s general work behavior in terms of the following characteristics. Please mark the appropriate column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Don’t Know | Poor | Fair | Good | Excellent |
| Dependability  |  |  |  |  |  |
| Follows Instructions |  |  |  |  |  |
| Accepts Responsibility |  |  |  |  |  |
| Shows Initiative |  |  |  |  |  |
| Interest in work |  |  |  |  |  |
| Works well with others |  |  |  |  |  |
| Organizes Work |  |  |  |  |  |
| Perseverance on Task |  |  |  |  |  |

|  |
| --- |
|  |
|  |
|  |
|  |

**III. AREAS OF IMPROVEMENT**: If you were considering this individual for a job, what improvements in work habits, interpersonal skills, and job skills would you want her to see him/her overcome before being hired?

**IV. OVERALL PERFORMANCE**: If you were to assign a letter grade for this interns overall performance, what grade would you assign?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A (=excellent) | B | C | D | F (=failure) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT SUPERVISOR’S NAME DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

Thank you for completing the evaluation!