**Internship Provider’s Evaluation of Intern**

**Instructions**

Please evaluate the intern in terms of his or her performance on the job. Your assessment will constitute a major factor in determining the student’s grade for the internship.

**Please return to Elizabeth Pass at email:** **passer@jmu.edu****.**

|  |  |
| --- | --- |
| **Intern’s name:** | Click here to enter text. |
| **Evaluator’s name:** | Click here to enter text. | **Title:** | Click here to enter text. |
| **Name of organization:** | Click here to enter text. |

**General Performance**

Please check the box that best describes the student’s general performance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **Unable to Determine** |
| Attendance |[ ] [ ] [ ] [ ] [ ]
| Punctuality |[ ] [ ] [ ] [ ] [ ]
| Attitude |[ ] [ ] [ ] [ ] [ ]
| Effort |[ ] [ ] [ ] [ ] [ ]
| Ability to follow instructions |[ ] [ ] [ ] [ ] [ ]
| Reliability |[ ] [ ] [ ] [ ] [ ]
| Willingness to accept responsibility |[ ] [ ] [ ] [ ] [ ]
| Initiative |[ ] [ ] [ ] [ ] [ ]
| Organizational ability |[ ] [ ] [ ] [ ] [ ]
| Ability to work with others |[ ] [ ] [ ] [ ] [ ]
| Ability to complete tasks on schedule |[ ] [ ] [ ] [ ] [ ]
| Ability to contribute new ideas |[ ] [ ] [ ] [ ] [ ]
| Interest in the agency or organization |[ ] [ ] [ ] [ ] [ ]
| Level of improvement |[ ] [ ] [ ] [ ] [ ]

**Overall Performance**

Please grade the intern’s overall performance by selecting the appropriate grade.

**A** [ ]  **A-** [ ]  **B+** [ ]  **B** [ ]  **B-** [ ]  **C+** [ ]  **C** [ ]  **C-** [ ]  **D+** [ ]  **D** [ ]  **D-** [ ]  **F** [ ]

**Overall Comments**

If you would like to write any specific or summary comments about the intern’s experience with your organization, please do so here:

|  |
| --- |
| Click here to enter text. |

If you would be interested in sponsoring another intern in the future, please indicate so here by checking any of the following that apply:

[ ] I am interested in sponsoring an intern during the Fall semesters (**September-December).**

[ ] I am interested in sponsoring an intern during the Spring semesters (**January-May**).

[ ]  I am interested in sponsoring an intern during the Summer semesters (**May-August**).

[ ] I am interested in sponsoring more than one intern during a semester.

[ ] I am interested in sponsoring an intern every semester.

[ ] Other. Please explain:

|  |
| --- |
| Click here to enter text. |

Thank you for sponsoring a WRTC student intern. If you have any questions, please email Elizabeth Pass at passer@jmu.edu.