INTERN: Fill in the top portion of this form and give it to your internship supervisor to complete.

INTERNSHIP SUPERVISOR: Please complete, sign, and mail this form directly to Internship Coordinator, Dept. of Public Administration, Tennessee State University, 330 10th Ave N Box 140, Nashville TN 37206. Thank you!

Name: ____________________________________________ T # __________________________

Internship Start Date ______________ Internship End Date __________________

Internship Agency: ______________________________________________________________

Internship Supervisor: __________________________________________________________

PART I

Intern Supervisor: Please evaluate the intern’s abilities or performance during his/her internship in your organization, using the scale below (circle one).

5=outstanding, 4=above average, 3=average, 2=below average 1=Unsatisfactory, and NA=not applicable

1. Intern demonstrated punctuality and adhered to work scheduled.

   5  4  3  2  1  NA

2. Completed required or expected number of hours of work.

   5  4  3  2  1  NA

3. Completed work assignments accurately and reliably.

   5  4  3  2  1  NA

4. Worked well or cooperated with others in carrying out assignments.

   5  4  3  2  1  NA

5. Written Communication Skills

   5  4  3  2  1  NA

6. Oral Communication Ability

   5  4  3  2  1  NA

7. Work motivation and attitude

   5  4  3  2  1  NA
8. Intern’s academic preparation or ability to apply learned skills to the internship work environment.

   5  4  3  2  1  NA

9. Ability to learn new skills and used them successfully on the job.

   5  4  3  2  1  NA

10. Intern’s overall performance.

    5  4  3  2  1  NA

**PART II: Assess the intern’s strengths and weaknesses in the spaces provided below.**

1. Intern’s areas of strength (attach additional pages if necessary)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Intern’s areas of weakness (attach additional pages if necessary)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Supervisor Signature:_________________________ Date:________________

Supervisor Name:_________________________ Work Phone:____________

Email:_________________________