



Idaho State
UNIVERSITY

Sociology, Social Work and Criminology

INTERNSHIP EVALUATION

To be completed by internship site supervisor.

Student's name: _____

Supervisor: _____

Organization: _____

Address: _____

Phone: _____

Duration of internship: From: _____ To: _____

Weekly schedule for internship hours (days/hours): _____

Description of Internship Duties and Responsibilities:

Please evaluate the student's performance during the internship

(1 = poor; 2 = fair; 3 = good; 4 = very good; 5 = excellent)

	1	2	3	4	5	N/A
1. Skills and knowledge						
2. Quality of work done						
3. Reliability in meeting deadlines						
4. Ability to communicate						
5. Willingness to learn and contribute						
6. Professionalism						
7. Attention to detail and accuracy						
8. Ability to analyze and synthesize formation						
9. Ability to work cooperatively						
10. Attendance						

Comments:

Supervisor's Signature

Date