Dear Supervisor,

Please submit an evaluation for your student who is interning at your organization for the fall 2015 semester.

Please note: In order for the student to receive a grade for his/her internship, this evaluation must be returned to me (on or before) Friday, December 18th by 5:00pm

Student Name: ____________________________________________ GWid# ____________________

Name of Organization: ________________________________________________________

Supervisor Name: ___________________________ Phone: __________________

Internship Start Date: _______________ Internship End Date: _______________

Total Number of Hours Worked: _______________

Grade of Pass _____   No Pass _____

On a scale from 1 (poor) to 5 (excellent), please evaluate the student’s performance during the internship with respect to the following criteria:

1. Dependability _____    5. Works Effectively with Others _____
   (Comments)            (Comments)

2. Work Ethic ______     6. Quantity of Work Produced ______
   (Comments)           (Comments)

3. Attendance / Punctuality _____   7. Quality of Work Produced _____
   (Comments)            (Comments)

4. Usefulness to the Organization _____  8. Level of Initiative _____
   (Comments)              (Comments)
9. Please identify a specific project or situation for which the intern was responsible and comment on his/her performance.

10. Please list an overall recommendation(s) for improvement in the student’s performance.

11. From your perspective, was the student’s internship a good learning experience for him or her? Yes _____ No_____ (Why?)

12. Do you feel that it is appropriate for the student to earn academic credit based on his or her performance? Yes _____ No_____ (Why?)

13. Overall, was the student’s performance satisfactory? Yes _____ No_____ (Why?)

14. Additional Comments or Observations:

15. Have you discussed this evaluation with your student? Yes _____ No_____ (Do you want this evaluation to be confidential? Yes___ No___)

16. Would you be interested in having another GW intern work for you? Yes ___ No___

_____________________________  _______________________
Signature of Internship Supervisor   Date

Please return this form to:
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