CCAS 2154 INTERNSHIP PROGRAM
Internship Supervisor Evaluation
Fall Semester 2022

Dear Supervisor,

Please submit an evaluation for your student who is interning at your organization for the Fall 2022 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 16, 2022 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)*

[Over]
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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