Dear Supervisor,

Please submit an evaluation for your student who is interning at your organization for the Summer 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) Monday, August 22, 2022.

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 _____
   (Comments)

2. Work Ethic _____
   (Comments)

3. Attendance / Punctuality _____
   (Comments)

4. Usefulness to the Organization _____
   (Comments)

5. Works Effectively with Others _____
   (Comments)

6. Quantity of Work Produced _____
   (Comments)

7. Quality of Work Produced _____
   (Comments)

8. Level of Initiative _____
   (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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Phillips Hall 107
Washington, DC 20052
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FAX: (202) 994-6213
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