CCAS 2154 ELECTIVE INTERNSHIP PROGRAM
Internship Supervisor Evaluation
Spring Semester 2022

Dear Supervisor,

Please submit an evaluation for your student who is interning at your organization for the Spring 2022 semester.

Please note: In order for the student to receive a grade for his/her/their internship, this evaluation must be returned to me (on or before) Friday, April 29, 2022 by 5:00pm to CCAS2154@gwu.edu.

Student Name: ____________________________________________________________

Name of Organization: ________________________________________________________

Supervisor Name: ____________________________ Phone: ______________________

Internship Start Date: __________ Internship End Date: _________________

Total Number of Hours Worked Per Week: ______________

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/their 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/her/them?  
   Yes ____ No____ (Why?)

12. Do you feel that it is appropriate for the student to earn academic credit based on his/her/their 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:  
CCAS Undergraduate Studies Office  
801 22\textsuperscript{nd} Street, NW  
Phillips Hall 107  
Washington, DC 20052  
Phone: (202) 994-6211  
FAX: (202) 994-6213  
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