Dear Supervisor,

Please submit an evaluation for your student who is interning at your organization for the Fall 2021 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, December 13, 2021 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 _____
   (Comments)

4. Usefulness to the Organization _____
   (Comments)

7. Quality of Work Produced _____
   (Comments)

8. Level of Initiative _____
   (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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