Dear Supervisor,

Please submit an evaluation for your student who is interning at your organization for the Summer 2023 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 21, 2023**.

**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)
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:
CCAS 2154 Internship Coordinator
801 22nd Street, NW
Phillips Hall, 107
Washington, DC 20052
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FAX: (202) 994-6213
Email: ccas2154@gwu.edu