



CCAS 2154 INTERNSHIP PROGRAM
Internship Supervisor Evaluation
Fall Semester 2023

Dear Supervisor,

Please submit an evaluation for your student who is interning at your organization for the Fall 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) **Friday, December 15, 2023 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 ____
(Comments)

5. Works Effectively with Others ____
(Comments)

2. Work Ethic ____
(Comments)

6. Quantity of Work Produced ____
(Comments)

3. Attendance / Punctuality ____
(Comments)

7. Quality of Work Produced ____
(Comments)

4. Usefulness to the Organization ____
(Comments)

8. Level of Initiative ____
(Comments)

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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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