

Date \_\_\_\_\_

**Student Information**

VU ID # \_\_\_\_\_ Student Name \_\_\_\_\_

Degree Program \_\_\_\_\_

Internship Site Name: \_\_\_\_\_

**Skill Evaluation Checklist:**

- E - Excellent (performance exceeds requirements)
- G - Good (performance is acceptable)
- F - Fair (performance is adequate)
- P - Poor (performance is below average requirements)

- |  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Student's knowledge base increased throughout the internship.           | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 2. Student was able to take an active leadership role in his/her position. | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 3. Student was competent in completing assigned tasks.                     | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 4. Student completed tasks in a timely manner and was efficient.           | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 5. Student had initiative, enthusiasm, and a positive attitude.            | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 6. Student worked well with others.  | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 7. Student accepted and utilized comments and suggestions.                 | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |
| 8. Student demonstrated professionalism.                                   | <input type="checkbox"/> E | <input type="checkbox"/> G | <input type="checkbox"/> F | <input type="checkbox"/> P |

In what areas could the intern have been better prepared?

Please add any additional comments concerning the intern.

Would your organization be interested in hosting future internship placements?  Yes  No

Supervisor Name (please print) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_