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**Supervisor Intern & Internship Evaluation**

Date:

Name of Intern:

Name of Supervisor:

1. How well did the intern meet the goals of the program or organization?
2. On a scale of 1-5, 1 being unsatisfactory and 5 being excellent, please rate the intern’s skills:

Communication:

Work Ethic:

Initiative:

Self-Management:

Problem-solving & Decision- Making Skills:

Teamwork:

1. What were some of the strengths of the intern?
2. What were some weaknesses or areas they could improve?
3. Regarding the set-up and overall internship experience as a supervisor, what were some areas that you liked, and what could improve?