

## Final Supervisor's Evaluation

The primary purpose of this evaluation is to help the intern identify his or her strengths and to identify skill and knowledge areas where the intern should seek additional experience or training. A second objective of this evaluation is to help the Internship Director determine the intern's grade for the semester. After completing the form, please take some time to discuss your comments with the intern.

Thank you again for the time and opportunity you've provided.

Intern's name: \_\_\_\_\_

### Section I.

*Please circle the response that best describes your assessment of the intern.*

A. The intern understood professional expectations and behaved in a professional manner.

Always                      Often                      Sometimes                      Rarely

B. The intern was reliable and punctual.

Always                      Often                      Sometimes                      Rarely

C. The intern was able to think and work independently.

Always                      Often                      Sometimes                      Rarely

D. The intern worked well with colleagues.

Always                      Often                      Sometimes                      Rarely

E. The intern was willing to accept suggestions, directions, and criticism.

Always                      Often                      Sometimes                      Rarely

F. The intern demonstrated effective written communication skills.

Always                      Often                      Sometimes                      Rarely

G. The intern demonstrated effective verbal communication skills.

Always                      Often                      Sometimes                      Rarely



**Section III.**

*Which of the following best describes the intern's overall performance this semester? (check one)*

\_\_\_\_\_ **Excellent:** Greatly exceeds requirements; shows high levels of creativity, skill, initiative, or effort

\_\_\_\_\_ **Good:** Exceeds requirements; shows substantial creativity, skill, initiative, or effort

\_\_\_\_\_ **Average:** Meets but does not exceed requirements

\_\_\_\_\_ **Below Average:** Meets some requirements but is deficient in others

\_\_\_\_\_ **Poor:** Deficient in all requirements

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Please return this form to the intern to include in his or her final packet

or, mail to:

Internship Director  
Department of Communication Studies  
Arizona State University West  
4701 W. Thunderbird Rd.  
P.O. Box 37100  
Phoenix, AZ 85069-7100

or, fax to:

(602) 543-6612