



SUPERVISOR'S INDIVIDUAL STUDIES EVALUATION FORM – GRADUATE

This form **to be completed by the intern's on-site supervisor** is meant to provide constructive feedback to the student and course instructor about the student's relative strengths and weaknesses as demonstrated in the internship. **Please complete this form and submit to didaly@email.arizona.edu by the last day of the semester(s) for which the student is registered.**

Student Name: _____ **Semester(s) of Internship:** _____

Sponsoring Organization: _____ **Site Supervisor:** _____

The supervisor should evaluate the intern as objectively as possible by selecting the number in each range that best describes the intern's performance for that characteristic. If the quality in question is irrelevant to the work the student has been performing, please select "N/A" (not applicable).

Attitude	Excellent	5	4	3	2	1	Poor	N/A
Dependability/Punctuality/Attendance	Excellent	5	4	3	2	1	Poor	N/A
Ability to Learn	Excellent	5	4	3	2	1	Poor	N/A
Skills and Accuracy in Work	Excellent	5	4	3	2	1	Poor	N/A
Quantity of Work	Excellent	5	4	3	2	1	Poor	N/A
Quality of Work	Excellent	5	4	3	2	1	Poor	N/A
Relations with Others	Excellent	5	4	3	2	1	Poor	N/A
Initiative/Leadership	Excellent	5	4	3	2	1	Poor	N/A
Communication Skills – Written	Excellent	5	4	3	2	1	Poor	N/A
Communication Skills – Oral	Excellent	5	4	3	2	1	Poor	N/A
Organizational Skills	Excellent	5	4	3	2	1	Poor	N/A
Flexibility	Excellent	5	4	3	2	1	Poor	N/A
Observance of Rules, Policies, and Procedures	Excellent	5	4	3	2	1	Poor	N/A
Creativity	Excellent	5	4	3	2	1	Poor	N/A
Responsiveness to Criticism	Excellent	5	4	3	2	1	Poor	N/A



Other Skills Unique to Position								
1.	Excellent	5	4	3	2	1	Poor	N/A
2.	Excellent	5	4	3	2	1	Poor	N/A
3.	Excellent	5	4	3	2	1	Poor	N/A

What are the student's outstanding STRENGTHS? _____

In what areas does the student need IMPROVEMENT? _____

How often did you provide feedback to the intern about his/her work?

Weekly _____ Monthly _____ 1-2 times _____ Never _____

How many hours per week did the student work at this internship? _____

Has this report been discussed with the intern? Yes _____ No _____

Comments: _____

Date _____

Recommendation of final grade (Please circle one only):

S=Superior P=Passing F=Failing

I=Incomplete (Requires Department Approval)

Student Signature (if jointly completed)

Date

Site Supervisor's Signature

Date

Site Supervisor's Email _____