

**Westfield State University
Department Of Communication
SITE SUPERVISOR'S FINAL EVALUATION OF INTERN**

Student's Name:

Internship Site Supervisor's Name:

Location:

Faculty Sponsor's Name:

INSTRUCTIONS: Please take a few moments to complete this evaluation form with respect to the above student's internship. Comments are particularly helpful. Please sign this form before returning it. Thank you.

1 = unsatisfactory, 2= marginal, 3= average, 4=very good, 5 = outstanding, N/A = not applicable

A: PROFESSIONAL AND PERSONAL BEHAVIOR

Enthusiasm	1	2	3	4	5	N/A
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Ability to learn	1	2	3	4	5	N/A
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Dependability	1	2	3	4	5	N/A
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Attendance	1	2	3	4	5	N/A
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Punctuality	1	2	3	4	5	N/A
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Initiative	1	2	3	4	5	N/A
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Relations with others	1	2	3	4	5	N/A
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Maturity	1	2	3	4	5	N/A
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Understanding of ethical behavior and communication	1	2	3	4	5	N/A
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Ability to draw on theory, conceptual thinking & abstract ideas to get work done	1	2	3	4	5	N/A
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Awareness of international / intercultural differences relevant to the internship	1	2	3	4	5	N/A
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B: WORK OUTPUT

Quality of work	1	2	3	4	5	N/A
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Quantity of work	1	2	3	4	5	N/A
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Ability to construct media content	1	2	3	4	5	N/A
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Ability to communicate effectively in writing in a variety of media and formats	1	2	3	4	5	N/A
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C: OVERALL PERFORMANCE	1	2	3	4	5	N/A
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COMMENTS

The student's outstanding personal and professional qualities are:

The personal and professional qualities the student should strive most to improve are:

Additional Remarks:

The student worked at this site from _____ to _____
month/day year month/day year

For a total of _____ hours.

This report has been discussed with the student ___ Yes ___ No

This report may be shown to the student ___ Yes ___ No

Internship Site Supervisor Signature:

Please return this form to:

Internship Coordinator
Department of Communication
Westfield State University
577 Western Avenue
Westfield, MA 01086
Fax 413 572-8313

THANK YOU

We appreciate the opportunities you provide for our interns.