

## INTERNSHIP PROGRAM STUDENT EVALUATION FORM

Name of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

**Semester & Year** of Enrollment: \_\_\_\_\_

Please place a check mark under the statement which best describes your impression of this student. Your feedback helps to determine the student's grade and helps us better understand their needs. We appreciate your cooperation and thoughtfulness in providing information for this purpose. Please call me if you have any questions or suggestions.

THE STUDENT:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1 arrives on time					
2 calls when absent					
3 attempts to make up missed time					
4 dresses appropriately					
5 has a warm, friendly attitude					
6 is accepting of other people					
7 is tactful and courteous					
8 is dependable and responsible					
9 is patient					
10 is flexible and open to new ideas					
11 models and encourages positive feelings					
12 is a good listener					
13 is interested and enthusiastic					
14 has a good relationship with other workers					
15 has positive/appropriate relationships with clients					
16 is sensitive to client's needs					
17 is willing to become involved					
18 has good oral communication skills					
19 has good written communication skills					
20 has good leadership skills					
21 carries out all the agency policies					
22 shows creativity in planning activities					
23 asks questions when uncertain of policies					
24 is able to use positive problem solving techniques					
25 manages his/her time well					
26 applies professional/technical knowledge well					
27 has skills necessary to work in your agency					
28 completes work in a timely manner					
29 consistently produces high quality work					



DATE: \_\_\_\_\_

**REV. 8/2006**