

# Internship Midterm Evaluation

Please PRINT legibly, continued on back.  
To be filled out by the Site Supervisor and the Intern.

## HAMLINE UNIVERSITY Career Development Center

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**Intern Data**      This evaluation is for  Fall  Winter  Spring  Summer      Year \_\_\_\_\_

Full Name \_\_\_\_\_ I.D. \_\_\_\_\_  
(PRINT LAST, FIRST, MIDDLE)

**Faculty Data**  
Faculty Supervisor \_\_\_\_\_ Box # \_\_\_\_\_ Dept \_\_\_\_\_

### Intern Performance

**Site Supervisor:** Please evaluate the intern's performance in each of the areas listed by circling the number that matches the intern's skill level. Please use the numbered guide below:

<b>1</b> <i>very limited skill unsatisfactory</i>	<b>2</b> <i>limited skill improvement needed</i>	<b>3</b> <i>adequate skill level meets expectations</i>	<b>4</b> <i>high skill level exceeds expectations</i>	<b>5</b> <i>very high skill level exceptional</i>
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#### I. HAMLINE PLAN AND PROFESSIONAL SKILLS

**Skill Area**

Oral communication	1	2	3	4	5	NA
Written communication	1	2	3	4	5	NA
Computer	1	2	3	4	5	NA
Effectiveness with cultural differences	1	2	3	4	5	NA
Problem solving/decision making	1	2	3	4	5	NA
Teamwork	1	2	3	4	5	NA

**Comments:**

#### II. PERSONAL DEVELOPMENT

**Skill Area**

Self-management	1	2	3	4	5	NA
Initiative	1	2	3	4	5	NA
Reflection	1	2	3	4	5	NA

**Comments:**

#### III. Site Supervisors please answer the following questions about the intern's performance.

1. To date, the intern's performance on this internship is:

- Unsatisfactory    Improvement Needed    Meets Expectations    Exceeds Expectations    Exceptional

2. What performance changes must occur, if any, for this intern to obtain a higher rating by the end of the internship?

For Office Use Only  
Received Date

Faculty    CDC

## Site Performance-To be completed by the intern.

1. Has this internship experience met your expectations? Why or why not?

2. Given the above evaluation, what additional support, if any will you need from your site supervisor? Please place a check mark ✓ in the box that applies.

	Need additional help	No additional help needed
Orientation		
Training		
Ongoing supervision		
Clear expectations		
Constructive feedback		
Appropriate level of responsibility		
More opportunity to develop new skills		
More opportunity for co-worker/client/customer interaction		
Other		

**Comments:**

## Signature Section

I have discussed this review with my intern.

Site supervisor name \_\_\_\_\_  
(PRINT LAST, FIRST, MIDDLE)

Site supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

**Site supervisor:** Make a copy for your records.

I have discussed this review with my site supervisor.

Intern signature \_\_\_\_\_ Date \_\_\_\_\_

**Intern:** Make a copy for your records. **Bring original to the Career Development Center.**  
 CDC will forward a copy to your faculty supervisor.