

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

MS-B1802 ♦ 1536 Hewitt Avenue ♦ St. Paul, MN 55104-1284
E-MAIL: workshop@hamline.edu ♦ URL: www.hamline.edu/cdc
PHONE: 651-523-2302 ♦ FAX: 651-523-3085

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:

1 <i>very limited skill unsatisfactory</i>	2 <i>limited skill improvement needed</i>	3 <i>adequate skill level meets expectations</i>	4 <i>high skill level exceeds expectations</i>	5 <i>very high skill level exceptional</i>
--	---	--	--	--

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.