

# Internship Midterm Evaluation

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

## HAMLIN UNIVERSITY Career Development Center

MS-B1802 | 1536 Hewitt Avenue | St. Paul, MN 55104-1284  
E-MAIL: [workshop@hamline.edu](mailto:workshop@hamline.edu) | URL: [www.hamline.edu/cdc](http://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 \_\_\_\_\_ Faculty Email \_\_\_\_\_

## This section is to be completed by the Site Supervisor.

**Site Supervisor:** Please rate the intern's performance in each category by using 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. HAMLIN 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. 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:

Scanned Date:

This section is 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)*

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.*