**SCHOOL OF COMMUNICATION AND THE ARTS**
**INTERNSHIP EVALUATION**

**NAME OF STUDENT:** _______________________________________________________

**PLACE OF INTERNSHIP:** __________________________________________________

**FACULTY SUPERVISOR:** __________________________________________________

**INDUSTRY SUPERVISOR:** ________________________________________________

**DATES OF INTERNSHIP:** ___________  **TOTAL HRS SPENT WEEKLY BY INTERN:**

*STUDENT SHOULD COMPLETE THE ABOVE. PLEASE PRINT.*

<table>
<thead>
<tr>
<th>OUTSTANDING</th>
<th>VERY GOOD</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>POOR</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
</table>

**BEGINNING JOB SKILLS**

**JOB SKILLS IMPROVEMENT**

**OVERALL COMPETENCE**

**INTERPERSONAL INTERACTION (PEERS)**

**INTERPERSONAL INTERACTION (SUPERVISOR)**

**PRODUCTIVITY**

**RESPONSIBILITY**

**APPEARANCE**

**ATTENDANCE/PROMPTNESS**

**ADAPTABILITY/FLEXIBILITY**

**ACCEPTANCE OF CRITICISM**

**INNOVATIVENESS**

**FUTURE PROSPECTS**

**GRASP OF THE FIELD**

**OTHER COMMENTS ABOUT THE INTERN YOU MAY WISH TO MAKE:**

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**IF A POSITION WERE AVAILABLE WOULD THE INTERN MEET THE JOB CRITERIA? WHY OR WHY NOT?**

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**WHILE THE FAMILY EDUCATIONAL AND PRIVACY ACT OF 1974 OPENS MANY RECORDS FOR THE STUDENT'S INSPECTION, THE LAW ALSO PERMITS THE STUDENT TO SIGN A WAIVER RELINQUISHING RIGHTS TO INSPECT SUCH FORMS OF EVALUATION. THE INTERN'S SIGNATURE BELOW CONSTITUTES A WAIVER; NO SIGNATURE MEANS THE INTERN WILL HAVE THE RIGHT TO READ THIS EVALUATION. WE ENCOURAGE YOU TO SHARE THIS EVALUATION WITH THE INTERN.**

**DATE**

**INTERN'S SIGNATURE**

**DATE**

**INDUSTRY SUPERVISOR'S SIGNATURE**