

**REGENT UNIVERSITY
COLLEGE OF COMMUNICATION AND THE ARTS
INTERNSHIP EVALUATION**

NAME OF STUDENT: _____

OTHER COMMENTS ABOUT THE INTERN YOU MAY WISH TO MAKE:

PLACE OF INTERNSHIP: _____

DIVISION: _____

INDUSTRY SUPERVISOR: _____

DATE OF INTERNSHIP: _____ TOTAL HOURS SPENT WEEKLY BY INTERN: _____

	OUTSTANDING	VERY GOOD	AVERAGE	BELOW AVERAGE	POOR	NOT APPLICABLE
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	_____	_____	_____	_____	_____	_____

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

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 INTERNS 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