**LA SALLE UNIVERSTIY INTERNSHIP PROGRAM**

**Supervisor’s Evaluation of Internship Student – Final Evaluation**

Dear Supervisor:

Thank you for your continuing participation and cooperation in the LaSalle University Intern Program. To help us in encouraging and evaluating the performance of your students, would you please complete and return this evaluation form to the department coordinator of the program.

John Beatty

Digital Arts and Multimedia Design

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Philadelphia, PA 19141

FAX: 215-991-2155

NAME OF INTERN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The above named intern worked approximately \_\_\_\_\_\_\_\_\_\_ hours each week of the term.

2. Please evaluate the intern as indicated:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Unsatisfactory | Below Average | Average | Above Average | Superior |
| Overall Personal QualitiesPromptness, conscientiousness, drive, etc. |  |  |  |  |  |
| Work PerformanceSkill level, ability to perform required tasks |  |  |  |  |  |
| PotentialEstimate of intern’s chances for success in profession |  |  |  |  |  |
| CompatibilityAbility to get along and work with others |  |  |  |  |  |
| ImprovementHas the intern learned and increased their skills during the internship? |  |  |  |  |  |

3. Is the above based on your personal observation or reports from other staff?

\_\_\_ Personal \_\_\_ Reports \_\_\_ Both

4. Should the intern be given the details of this evaluation?

\_\_\_\_ Yes \_\_\_\_ No

5. How would you compare this intern with the others you may have had in the past?

6. Please use this section to present your comments regarding the intern’s duties, areas of outstanding work, weaknesses, or any thoughts you would like to relate regarding the intern’s participation in this program. Please be frank. Your response to this question is most valuable to us, to the internship program, and to the student. Thank you again. Remarks below:

Overall Evaluation for Student Intern (A, B, C, D, F) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_