

WOMEN'S STUDIES
University of Colorado, Boulder
INTERN SUPERVISOR EVALUATION FORM

Instructions: Intern supervisors are asked to complete this form as soon as the internship is completed and send it to the faculty supervisor listed below. We appreciate your comments, which will serve as part of the intern's final grade.

Return to: Professor _____
 Women's Studies
 CB 246
 University of Colorado, Boulder
 Boulder, Colorado 80309-0246
OR FAX TO 303-492-2549

Intern's Name: _____

Agency or Organization: _____

Supervisor: _____ Title: _____

Phone: _____ E-Mail: _____

Dates Intern was at your organization: _____

On a scale of 1 to 5 with five as the highest grade, please rate this Intern in the following categories.

Quality of Work	5	4	3	2	1
Dependability	5	4	3	2	1
Attitude	5	4	3	2	1
Professionalism	5	4	3	2	1
Flexibility	5	4	3	2	1
Willingness to learn	5	4	3	2	1
Relations with others	5	4	3	2	1

Circle this Intern's academic preparedness for his or her internship

Excellent Very Good Good Not very good Poor

Please comment on the intern's overall performance (strengths, challenges, etc)

GRADE: A=EXCELLENT; B=GOOD; C=AVERAGE; D=BELOW AVERAGE; F=UNACCEPTABLE (You may also assign a plus (+) or minus (-) for the grade.)

Your Signature _____ Date: _____ Grade: _____

Please do not give the Intern this evaluation form. Mail to the faculty at the address above or Fax by _____ Any additional comment may be written on the back of this form. Thank you for your cooperation and interest in our Internship Program.