Intern Supervisor Evaluation Form

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

Return to: Professor __________________________
LGBTQ Studies Program
University of Colorado Boulder
246 UCB
Boulder, CO 80309-0246 or FAX to 303-492-2549

| Intern’s Name: ____________________________ |
| Agency or Organization: ____________________ |
| Supervisor: ____________________________ E-Mail: ____________________________ |
| Phone: ____________________________ |
| Dates intern was at your organization: ____________________________ |

On a scale of 1 to 5, with five as the highest rating, 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

Please rate 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 this evaluation form to the intern. Mail or fax to the faculty sponsor listed above by _______________________. Any additional comment may be written on the back of this form.

Thank you for your cooperation and interest in our Internship Program.