**Internship Outcomes Assessment – Supervisor Evaluation**

*The internship supervisor emails this form to the instructor:* *katherine.rousseau@colorado.edu**. The student must ensure the evaluation is complete and emailed by the final project due date.*

Intern’s Name:

Supervisor:

Title:

Company/Organization:

Phone/Email contact:

What dates did the intern work for your organization?

From: To:

How many hours per week were required?

For each of the items below, please indicate the number that best represents your assessment of the intern. If you have insufficient experience to make a judgment on any item, please mark N/A next to it.

Work Performance Poor 1 2 3 4 5 6 7 Excellent NA

1. Quality of work
2. Reliability
3. Attitude/professionalism
4. Career Potential

Professional Skills Poor 1 2 3 4 5 6 7 Excellent NA

1. Ability to express self orally
2. Ability to express self in writing
3. Critical thinking and problem solving skills
4. Ability to take initiative and/or follow guidelines

Please comment on this intern’s performance. Indicate strengths and areas of improvement, and how the intern improved over time.

If you were going to give the intern a score from 1-10, with 10 being the highest score, what would it be? \_\_\_

Please explain why: