



International Affairs Program

UNIVERSITY OF COLORADO **BOULDER**

Internship Outcomes Assessment – Supervisor Evaluation

The student must ensure the evaluation is complete and submitted by the final project due date.

General Information

Intern Name		Intern’s Title (if applicable)	
Supervisor Name		Supervisor Title	
Supervisor Phone		Supervisor Email	
Name of Company/Org.			

What dates did the intern work for your organization? From: _____ To: _____

How many hours per week were required?

Intern Assessment

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.

	<i>Poor</i>					<i>Excellent</i>		
Work Performance	1	2	3	4	5	6	7	NA
Quality of Work								
Reliability								
Attitude/professionalism								
Career Potential								

	<i>Poor</i>					<i>Excellent</i>		
Professional Skills	1	2	3	4	5	6	7	NA
Ability to express self orally								
Ability to express self in writing								
Critical thinking and problem-solving skills								
Ability to take initiative and/or follow guidelines								

Additional Information

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:

Thank you for taking the time to complete this assessment!