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## **EVALUATION FORM**

To be completed by the Work Supervisor. Please return this form to the Faculty Sponsor.

Student Name:			Organization Name:					
Work Supervisor Name:								
Please rate your student int	tern using the followi	ng scale:						
5 = exceptional ability and p 4 = very good work, handle 3 = satisfactory work, fulfille 2 = below average, respon- 1 = unacceptable, very poo-	ed duties responsibly ed commitments with sibilities were not me	n average ab	ility					
Confidence in the intern's own abilities/skills		1	2	3	4	5		
Completion of the intern's responsibilities		1	2	3	4	5		
Interpersonal skills		1	2	3	4	5		
Self-motivation/initiative		1	2	3	4	5		
Punctuality		1	2	3	4	5		
Dependability		1	2	3	4	5		
Willingness to learn new skills		1	2	3	4	5		
Fulfillment of potential		1	2	3	4	5		
Did the intern complete agr	reed upon hours?	yes		no				
Describe your intern's over	all work performance	<b>)</b> .						
Were your expectations of	the intern met? If no	t, please des	scribe.					
Was the intern as punctual	dependable and res	sponsible as	VOLLWOL	ld exped	et a regu	ılar emplov	ee to be?	

What was the most valuable aspect of having this intern work for you?
Please suggest a letter grade, which reflects the overall quality of this intern's performance.
Would you be willing to take another student intern from CU-Boulder?
Can you recommend any organizations or individuals that might be interested in sponsoring an intern in the future? Please list name of organization, address, telephone/email, and contact person.
Do you have any suggestions or comments for the Internship Program, or feelings that this form does not adequately address?
Please attach additional information if necessary.