Midterm Internship Evaluation: Agency Supervisor Feedback

Student's Name _____________________________________________ Date _____________________

Agency_____________________________________________________________________________

Agency Supervisor_______________________________________________________________

Please use the following system to evaluate the intern. Circle the appropriate number to answer each question.

1 = Yes Definitely  2 = Yes  3 = Somewhat  4 = No  5 = Definitely Not

1. Is the intern making sufficient progress in the internship?

YD  Y  S  N  DN
1  2  3  4  5

Comments:________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2. Does the student have sufficient knowledge to perform the tasks that are assigned in the agency?

YD  Y  S  N  DN
1  2  3  4  5

3. Do you consider this internship mutually beneficial to the intern and the agency?

YD  Y  S  N  DN
1  2  3  4  5

4. Is the student mastering the work assigned in the internship?

YD  Y  S  N  DN
1  2  3  4  5
5. Have there been any particular problems encountered during the internship?

<table>
<thead>
<tr>
<th>YD</th>
<th>Y</th>
<th>S</th>
<th>N</th>
<th>DN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

Please explain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. Have the problems been resolved? (Answer if relevant)

<table>
<thead>
<tr>
<th>YD</th>
<th>Y</th>
<th>S</th>
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<th>DN</th>
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</table>

Please explain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. What do you consider to be the strengths of the intern?
8. What do you consider to be the weaknesses of the intern?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

9. Do you have any recommendations regarding the Departmental Internship Program? We are very much interested in the development of our program and your recommendations are appreciated.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

10. Suggested Midterm Grade (circle appropriate choice):

A (exceptional)  B (superior)  C (satisfactory)  D (poor)  F (failure)

Please mail this form to: Eric Freedman, Director of Internships
School of Communication and Multimedia Studies
Florida Atlantic University
111 E. Las Olas Blvd.
Fort Lauderdale, Florida 33301

This form is due at the halfway point of the internship.