MIDTERM SUPERVISOR EVALUATION FORM  
(EMPLOYER 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?

<table>
<thead>
<tr>
<th>YD</th>
<th>Y</th>
<th>S</th>
<th>N</th>
<th>DN</th>
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Comments:

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

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<th>YD</th>
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Boca Raton  •  Dania Beach  •  Davie  •  Fort Lauderdale  •  Jupiter  •  Treasure Coast

An Equal Opportunity/Equal Access Institution
3. Do you consider this internship mutually beneficial to the intern and the agency?

<table>
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<tr>
<th>YD</th>
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4. Is the student mastering the work assigned in the internship?

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If not, please explain.

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5. Have there been any particular problems encountered during the internship?

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If yes, please explain.

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

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<th>YD</th>
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Please explain.

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7. What are the intern’s strengths in your view?

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8. What are the intern’s weaknesses in your view?

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______________________________________________________________________________
9. Do you have any recommendations for improving the Communication School internship course?

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______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

10. What is the intern’s performance level at midterm (circle appropriate choice)?

   A (excellent)  B (strong)  C (satisfactory)  D (weak)  F (poor)

Please scan and email (preferred) or fax this form to:

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