

**St. Lawrence University
Sociology Department
Internship Program
Intern Evaluation Form**

Agency Name: _____

Supervisor Name(s): _____

Intern Name: _____

Intern Position: _____

Type of evaluation: ___ Mid-term ___ Final

Please rate the student on each of the following characteristics. If your rating is Fair or Poor, please comment on why. If a characteristic does not apply to your setting please write N/A on the comment line.

Attendance ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Work accuracy ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Punctuality ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Rapport with clients ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Initiative ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Written communication ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Oral communication ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Enthusiasm ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Overall Performance ___ Excellent ___ Good ___ Fair ___ Poor

Comment: _____

Please comment on any notable strengths the intern may have exhibited.

Please comment on any notable weaknesses the intern may have exhibited.

Overall Grade (circle one): 4.0 3.5 3.0 2.5
2.0 1.5 1.0 0.0

Supervisor's signature: _____