



Department of Biological Sciences
INTERNSHIP EVALUATION

This form is to be filled out by the student's internship supervisor and returned at the end of the internship to the supervising professor in the return envelope provided. The supervising professor is encouraged, but not required to go over the evaluation with the student and to explain to them your rationale for the rating.

STUDENT'S NAME: _____

SUPERVISOR'S NAME: _____

Briefly describe the nature of the work or project the student is involved with.

Briefly list the skills, techniques, and abilities the student has learned during the internship.

Rate the students' performance of the following criteria (rating scale: 4 = excellent, 3 = good, 2 = fair, 1 = poor, 0 = unable to evaluate). Please provide comments if necessary.

_____ Background for internship duties. _____ Ability to think independently.

_____ Ability to follow directions. _____ Quality of work performed.

_____ Attendance at work
(based on hours contracted). _____ Ability to work with others.

What letter grade (A, B, C, D, F) would you assign the student for their internship work? _____

ADDITIONAL COMMENTS:

Supervisor Signature: _____ Date: _____