

## Bachelor Degree Internship Program SITE SUPERVISOR EVALUATION FORM - FINAL

**Student:** \_\_\_\_\_ **Business/Agency:** \_\_\_\_\_

**Introduction:** The purpose of this assessment is to provide the student intern with constructive feedback on his/her internship experience. The form should be completed by the internship site supervisor or the individual who has the closest supervision of work assignments. Honest and objective comments regarding the student's performance are appreciated. Please circle the appropriate rating using the 1 (low) to 4 (high) scale. Additional comments are invited whenever appropriate.

- 4. Exceptional**      Always demonstrates this ability; consistently exceeds expectations
- 3. Very Good**      Consistently meets; sometimes exceeds expectations
- 2. Satisfactory**    Demonstrates basic competency; generally meets expectations
- 1. Unsatisfactory**   Does not demonstrate competency; does not meet expectations

**A. Professional Competencies/Program Objectives**

These questions will assess each of the Student Learning Outcomes which are listed on the Internship Learning Agreement	4	3	2	1	NA
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Comments:

**B. Work Habits**

- |  |   |   |   |   |    |
|--|---|---|---|---|----|
| 1. Reports to work prepared and as scheduled     | 4 | 3 | 2 | 1 | NA |
| 2. Exhibits a positive and professional attitude | 4 | 3 | 2 | 1 | NA |
| 3. Demonstrates appropriate appearance and dress | 4 | 3 | 2 | 1 | NA |
| 4. Shows good judgment                           | 4 | 3 | 2 | 1 | NA |
| 5. Shows initiative                              | 4 | 3 | 2 | 1 | NA |

Comments:

**C. Communication Skills**

- |   |   |   |   |   |    |
|---|---|---|---|---|----|
| 1. Understands and follows instructions                         | 4 | 3 | 2 | 1 | NA |
| 2. Communicates ideas and concepts clearly in writing           | 4 | 3 | 2 | 1 | NA |
| 3. Demonstrates effective verbal communication skills           | 4 | 3 | 2 | 1 | NA |
| 4. Listens to others in an active and attentive manner          | 4 | 3 | 2 | 1 | NA |
| 5. Asks questions as necessary to ensure proper job performance | 4 | 3 | 2 | 1 | NA |

Comments:

**D. Interpersonal Skills**

- |   |   |   |   |   |    |
|---|---|---|---|---|----|
| 1. Relates to co-workers effectively                    | 4 | 3 | 2 | 1 | NA |
| 2. Manages and resolves conflict in an effective manner | 4 | 3 | 2 | 1 | NA |
| 3. Supports and contributes to a team atmosphere        | 4 | 3 | 2 | 1 | NA |

- |  |   |   |   |   |    |
|--|---|---|---|---|----|
| 4. Controls emotions in a manner appropriate for work      | 4 | 3 | 2 | 1 | NA |
| 5. Interacts effectively and appropriately with supervisor | 4 | 3 | 2 | 1 | NA |
| 6. Accepts constructive criticism and advice               | 4 | 3 | 2 | 1 | NA |

Comments:

**E. Professional & Career Development Skills**

- |  |   |   |   |   |    |
|--|---|---|---|---|----|
| 1. Seeks to understand personal strengths and weaknesses | 4 | 3 | 2 | 1 | NA |
| 2. Self-motivated  | 4 | 3 | 2 | 1 | NA |
| 3. Demonstrates ability to set appropriate priorities    | 4 | 3 | 2 | 1 | NA |
| 4. Demonstrates good time management skills              | 4 | 3 | 2 | 1 | NA |
| 5. Demonstrates intellectual curiosity                   |   |   |   |   |    |

Comments:

**F. Overall performance of student intern:**

Exceptional      Very Good      Satisfactory      Unsatisfactory

Comments:

I have discussed this evaluation with the intern.     YES     NO

Comments:

If you had a position available would you consider hiring this student?     YES     NO

Were you and your intern able to follow the objectives and activities listed in the Internship Learning Agreement?     YES     NO

**INTERNSHIP PROGRAM EVALUATION**

Please answer the following with an "X" in the appropriate area. Comments are encouraged.

		Yes	Uncertain	No
1.	Did you have a positive experience with the internship program?			
2.	Would you like to participate in the internship program again?			
3.	Were you able to maintain an open line of communication with your intern's faculty supervisor?			
4.	Did you receive adequate information regarding the program to make you an effective site supervisor?			

Comments:

How would you rate the internship program? Check one.

- Excellent       Very Good       Average       Minimal       Unacceptable

Please make any suggestions or comments regarding the internship program.

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**State University of New York College of Agriculture and Technology at Cobleskill thanks you for participating in this internship program. We appreciate the time and effort you have contributed to its success and to the success of your intern. We hope it was a positive and learning experience for you as well as your intern.**

Site Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Thank you for taking the time to complete this evaluation. Please mail, email or fax form to:**

Faculty Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: (518) 255-XXXX

Email: \_\_\_\_\_

State University of New York College of Agriculture and Technology at Cobleskill, Cobleskill, NY 12043

If you choose to send this back electronically, please send as an attachment from your email account.