

**East Stroudsburg University of Pennsylvania**  
**EVALUATION OF COMMUNICATION INTERN**

Name of the Intern: \_\_\_\_\_

This internship started on (date) \_\_\_\_\_ and was completed on (date) \_\_\_\_\_  
at (location) \_\_\_\_\_.

Please give a brief title of the internship position: \_\_\_\_\_.

*Please evaluate the intern's performance according to the scales provided below:*  
*Excellent (5), Good (4), Average (3), Below Average (2), Poor (1), and Does Not Apply (x)*

1. Ability to adapt to a variety of tasks ..... ( )
2. Decision making; judgment; setting priorities ..... ( )
3. Persistence to complete tasks ..... ( )
4. Reliability and dependability ..... ( )
5. Enthusiasm for the experience ..... ( )
6. Attention to accuracy and detail ..... ( )
7. Willingness to ask for and use guidance ..... ( )
8. Ability to cope in stressful situations ..... ( )
9. Ability to synthesize and communicate ..... ( )
10. Analysis skills; ability to determine information needs ..... ( )
11. Ability to select the best resources to meet information needs ..... ( )
12. Ability to plan with and work cooperatively with others ..... ( )
13. Ability to create and communicate possible solutions to problem ..... ( )
14. Professionalism; demonstrated interest in the issues, policies, and organizations related to the field ..... ( )
15. Attendance, timeliness in arriving for work ..... ( )
16. Completed expected number of hours of work ..... ( )
17. Quality of work completed ..... ( )
18. Ability to apply learned skills to the internship work environment ..... ( )
19. Ability to learn new skills ..... ( )
20. Additional comments (Please write them here):

Please write them here....

I certify that this student has completed the minimum hours necessary for this internship.

*Name and Title of Supervisor*  
\_\_\_\_\_

*Signature* \_\_\_\_\_ (Date) \_\_\_\_\_

Please fax this form to the intern's faculty supervisor (the student can tell you who this is) at 570-422-3402.