

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.