Agency Intern Evaluation Form

Student Name: ___________________________ Date: ____________

University Advisor: ______________________ Phone: ____________

Agency Supervisor: ______________________ Phone: ____________

Agency: __________________________________________

Agency Address: _______________________________________

Nature of Assignment: ___________________________________

Notice: Because this evaluation is a factor in determining this individual's grade, it is part of the student’s "education record" under the Family Education Rights and Privacy Act. Under this law, the individual has a legal right to examine all evaluations and provide written response.

Dates of Experience: ______________________ to ______________________

RATING OF STUDENT

Key:  5 Excellent  4 Very Good  3 Average  2 Marginal  1 Unsatisfactory

Note: Please rate the student on the following items by circling the appropriate number.

PERSONAL QUALITIES

1. Personal Appearance............................................................................................................. 5 4 3 2 1
2. Effective communication..................................................................................................... 5 4 3 2 1
3. Interest and enthusiasm ..................................................................................................... 5 4 3 2 1
4. Poise................................................................................................................................... 5 4 3 2 1
5. Initiative............................................................................................................................... 5 4 3 2 1
6. Dependability..................................................................................................................... 5 4 3 2 1
7. Willingness to study and learn new things........................................................................ 5 4 3 2 1
8. Demonstrated professional growth during experience....................................................... 5 4 3 2 1

Comments:
PROFESSIONAL COMPETENCE AS EVIDENCED BY

1. Job knowledge, understanding of job assignments................................................................. 5 4 3 2 1
2. Quality of work, well organized, consistent, reliable, uses good techniques.......................... 5 4 3 2 1
3. Quantity of work, plans well, productive.................................................................................. 5 4 3 2 1
4. Positive and cooperative attitude ............................................................................................. 5 4 3 2 1
5. Good judgment and logic........................................................................................................... 5 4 3 2 1
Comments:

HUMAN RELATIONS

1. Harmonious relationship with colleagues.................................................................................. 5 4 3 2 1
2. Rapport with clients/customers.................................................................................................. 5 4 3 2 1
3. Ability to accept criticism and analysis...................................................................................... 5 4 3 2 1
4. Cooperation with supervisors and colleagues.......................................................................... 5 4 3 2 1
Comments:

OUTSTANDING QUALITIES OR SPECIAL SKILLS AND ABILITIES OF THIS STUDENT:

SPECIFIC AREAS IN WHICH STUDENT NEEDS FURTHER DEVELOPMENT:

PREDICTION OF STUDENT’S ABILITY AS A FUTURE LEADER IN THIS FIELD:

Excellent  Very Good  Average  Marginal  Unsatisfactory

_________________________________________  _______________________________________
Signature of Supervisor                      Date

Please do not give this completed form to student. Please mail directly to:
Southern Virginia University
Office of the Registrar
One University Hill Drive
Buena Vista, VA 24416