



Intern Performance Evaluation

Intern's Name: _____ Semester/Year: _____

Internship Position: _____ Department: _____

Supervisor's Name: _____ Telephone: _____

INTERN SUPERVISOR: Please read the following attributes and circle the most appropriate rating. You may include additional comments at the end of this form. Please have the intern submit the completed form to the Volunteer Center, via mail, hand delivery, or fax at the end of his/her internship.

1. Relations with others	Poor 1	2	3	4	Excellent 5
2. Work Attitude	Poor 1	2	3	4	Excellent 5
3. Quality of Work	Poor 1	2	3	4	Excellent 5
4. Dependability/Attendance	Poor 1	2	3	4	Excellent 5
5. Oral Communication	Poor 1	2	3	4	Excellent 5
6. Written Communication	Poor 1	2	3	4	Excellent 5

ADDITIONAL COMMENTS:

OVERALL PERFORMANCE:

The intern did not meet expectations met expectations exceeded expectations

Supervisor's Signature: _____

Date: _____

★ Please return this form to VolunteerLEON at the end of the internship.