

FINAL EVALUATION BY INTERNSHIP PROVIDER
Academic Internships - Brigham Young University

Student's Name _____

Name of Your Organization _____

DIRECTIONS TO SUPERVISOR:

This form has been designed to help you evaluate the intern objectively in comparison to other students or workers of comparable academic level or with other personnel assigned the same or similar tasks. Your remarks are helpful because this evaluation will serve as a basis for helping the student obtain additional skills. The evaluation should be mailed to the Academic Internships Advisor (listed on the back of this form) at the end of the student's internship.

Please check the appropriate spaces to indicate the student's level of performance and make comments as needed.

1. *Relevant Skills.* To what degree has the student acquired and applied the skills needed to perform adequately in the assigned position?

_____ Excellent
_____ Very Good
_____ Satisfactory
_____ Needs improvement (Please indicate the nature of the improvement needed.)

2. *Human Relations.* How well has the student accepted suggestions and related to fellow workers, supervisor, and (where applicable) subordinates?

_____ Excellent
_____ Very Good
_____ Satisfactory
_____ Needs improvement (Please indicate the nature of the improvement needed.)

3. *Quality of Work.*

_____ Excellent
_____ Very Good
_____ Satisfactory
_____ Needs improvement (Please indicate the nature of the improvement needed.)

4. *Quantity of Work.*

_____ Excellent
_____ Very Good
_____ Satisfactory
_____ Needs improvement (Please indicate the nature of the improvement needed.)

5 *Other Characteristics* (Please check the appropriate boxes.)

	Excellent	Very Good	Satisfactory	Needs Improvement
Personal Appearance				
Punctuality				
Attitude toward work				
Dependability				
Ability to learn				
Creativity				
Oral Communication				
Overall performance				

6. *If Teaching* (Please check the appropriate box)

	Excellent	Very Good	Satisfactory	Needs Improvement
Interacted well with students				
Teaching practice matched the organization's objectives				
Taught professionally				
Taught effectively				

7. Comments in regard to this student: Is this the kind of person you would like to hire as a part-time or full-time employee? Why or why not?

8. Comments in regard to the TESOL Internship program: What could our department do to improve the TESOL Internship program for you or for the student?

yes no I give permission to release this information to the student intern

Signature of Internship Supervisor

Date

Please submit to: Dr. Lynn Henrichsen
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Provo, UT 84602
Phone: 422-2938; E-mail: tesol-internships@byu.edu