

WCPSS School to Career Internship Program
ORGANIZATION SUPERVISOR INTERN EVALUATION

Intern's name: _____

Number of hours worked: _____ Organization: _____

Supervisor Name & Title: _____

Brief description of intern's experiences: _____

Note to sponsor: This form was developed to help the Internship Coordinator assign the student's academic credit. It is suggested that you share this evaluation with the student intern before sending to the Internship Coordinator. We realize that not all categories listed below may be applicable to this particular internship. Please check only those items you feel comfortable evaluating. Thank you for your assistance and cooperation.

Personal Qualities	Excellent 93-100	Above Average 92-85	Average 84-72	Below Average <71	Not Applicable
Accepts and fulfills responsibilities					
Exercises good judgment					
Is friendly and courteous					
Accepts and understands the needs, feelings, and faults of others					
Is accepted well by other employees					
Is dependable					
Is willing to accept suggestions					
Conscientious in fulfilling assignments					
Follows directions					
Work is neat and accurate					
Is honest and sincere					
Reports to site on time					
Calls if unable to attend in advance					
Is cooperative and industrious					
Is creative					
Shows initiative					
Is flexible and adaptable					

Please evaluate overall performance:

Circle one: 10 9 8 7 6 5 4 3 2 1
 Excellent Above Average Average Below Average

What are the student's major professional assets and strengths?

What are the student's major professional development needs?

Did the student have adequate organizational/management skills? If not, please elaborate.

Do you know of any other organizations that may be interested in supporting School-To-Career programs such as internships and work-based learning?

Comments:

Supervisor's Signature _____ Date _____

Will you or your organization be interested in sponsoring future interns? _____

If you are not the contact person, who is? _____

Please check one box below:

Please **share** this evaluation with the intern.

Please **do not** share this evaluation with the intern.

Please fax this form (both sides) to the attention of Internship Coordinator 919 363-1352 or mail it to:

Apex High School

Attn: Teia Robinson Academy Director

7600 Roberts Road, Cary, NC 27519

If comfortable, you may give the completed form to your intern to turn in to the internship coordinator.