Bachelor Degree Internship Program
SITE SUPERVISOR EVALUATION FORM - PERIODIC

Student: ___________________________________  Business/Agency: ___________________

Introduction: The purpose of this assessment is to provide the student intern with constructive feedback on his/her internship experience. The form should be completed by the internship site supervisor or the individual who has the closest supervision of work assignments. Honest and objective comments regarding the student’s performance are appreciated. Please circle the appropriate rating using the 1 (low) to 4 (high) scale. Additional comments are invited whenever appropriate.

4. Exceptional Always demonstrates this ability; consistently exceeds expectations
3. Very Good Consistently meets expectations; sometimes exceeds expectations
2. Satisfactory Demonstrates basic competency; generally meets expectations
1. Unsatisfactory Does not demonstrate competency; does not meet expectations

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<tr>
<th>A. Professional Competencies/Program Objectives:</th>
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<tr>
<td>These questions will assess each of the Student Learning Outcomes which are listed on the Internship Learning Agreement</td>
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Comments:

B. Work Habits
1. Reports to work prepared and as scheduled 4 3 2 1 NA
2. Exhibits a positive and professional attitude 4 3 2 1 NA
3. Demonstrates appropriate appearance and dress 4 3 2 1 NA
4. Shows good judgment 4 3 2 1 NA
5. Shows initiative 4 3 2 1 NA

Comments:

B. Communication Skills
1. Understands and follows instructions 4 3 2 1 NA
2. Communicates ideas and concepts clearly in writing 4 3 2 1 NA
3. Demonstrates effective verbal communication skills 4 3 2 1 NA
4. Listens to others in an active and attentive manner 4 3 2 1 NA
5. Asks questions as necessary to ensure proper job performance 4 3 2 1 NA

Comments:

C. Interpersonal Skills
1. Relates to co-workers effectively 4 3 2 1 NA
2. Manages and resolves conflict in an effective manner 4 3 2 1 NA
3. Supports and contributes to a team atmosphere 4 3 2 1 NA
4. Expresses emotions in a manner appropriate for work
   4 3 2 1 NA
5. Interacts effectively and appropriately with supervisor
   4 3 2 1 NA
6. Accepts constructive criticism and suggestions
   4 3 2 1 NA

Comments:

D. Professional & Career Development Skills
1. Seeks to understand personal strengths and weaknesses
   4 3 2 1 NA
2. Exhibits self-motivation
   4 3 2 1 NA
3. Demonstrates ability to set appropriate priorities
   4 3 2 1 NA
4. Demonstrates good time management skills
   4 3 2 1 NA
5. Demonstrates intellectual curiosity
   4 3 2 1 NA

Comments:

E. Overall performance of this intern:
   Exceptional      Very Good      Satisfactory      Unsatisfactory

Comments:
Indicate areas where student needs to improve performance:
List activities that would enhance improvement in these areas:
I have discussed this evaluation with the intern. ______ YES ______ NO
If no, may we share this information with student? ______ YES ______ NO
Please make any suggestions or comments regarding this internship:

Site Supervisor’s Signature: __________________________    Date: __________________________

Site Supervisor’s Name: __________________________
Internship Site: __________________________    Telephone: __________________________
Email Address: __________________________

Thank you for taking the time to complete this evaluation. Please mail, email or fax form to:
Faculty Supervisor: __________________________    Telephone: ______________ FAX: (518) 255-____
Email: __________________________

State University of New York College of Agriculture and Technology, Cobleskill, NY 12043

If you choose to send this back electronically, please send as an attachment from your email account.