Bachelor Degree Internship Program
SITE SUPERVISOR EVALUATION FORM - FINAL

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; sometimes exceeds expectations
2. Satisfactory Demonstrates basic competency; generally meets expectations
1. Unsatisfactory Does not demonstrate competency; does not meet expectations

A. Professional Competencies/Program Objectives
   These questions will assess each of the Student Learning Outcomes which are listed on the Internship Learning Agreement

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Comments:

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

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Comments:

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

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Comments:

D. Interpersonal Skills
   1. Relates to co-workers effectively
   2. Manages and resolves conflict in an effective manner
   3. Supports and contributes to a team atmosphere

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4. Controls 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 advice 4 3 2 1 NA

Comments:

E. Professional & Career Development Skills
1. Seeks to understand personal strengths and weaknesses 4 3 2 1 NA
2. Self-motivated 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

Comments:

F. Overall performance of student intern:

Exceptional Very Good Satisfactory Unsatisfactory

Comments:

I have discussed this evaluation with the intern. _____ YES _____ NO

Comments:

If you had a position available would you consider hiring this student? _____ YES _____ NO

Were you and your intern able to follow the objectives and activities listed in the Internship Learning Agreement? _____ YES _____ NO

INTERNSHIP PROGRAM EVALUATION
Please answer the following with an “X” in the appropriate area. Comments are encouraged.

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<th>Question</th>
<th>Yes</th>
<th>Uncertain</th>
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<td>1. Did you have a positive experience with the internship program?</td>
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<td>2. Would you like to participate in the internship program again?</td>
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<td>3. Were you able to maintain an open line of communication with your intern’s faculty supervisor?</td>
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<td>4. Did you receive adequate information regarding the program to make you an effective site supervisor?</td>
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Comments:

How would you rate the internship program? Check one.

☐ Excellent ☐ Very Good ☐ Average ☐ Minimal ☐ Unacceptable

Please make any suggestions or comments regarding the internship program.
State University of New York College of Agriculture and Technology at Cobleskill thanks you for participating in this internship program. We appreciate the time and effort you have contributed to its success and to the success of your intern. We hope it was a positive and learning experience for you as well as your intern.

Site Supervisor’s Name: ________________________________ Date: __________________

Title/Position: ________________________________ Telephone: __________________

Mailing Address: _____________________________________________________________________________

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-XXXX

Email: _______________________________________

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

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