Supervisor Final Internship Evaluation
(To be completed by supervisor)

Thank you for taking the time to complete the I@S final internship evaluation. Your comments help create a stronger internships program at Michigan State University. 
This evaluation is a required component of the I@S internship program.

Student Name: ___________________________________________________________________(Last) (First) (Middle)

Supervisor Name: __________________________________________________________________ (Last) (First) (Middle)

Supervisor Email: __________________________ Supervisor Phone: __________________

Department Interning In: __________________________________________________________________

Student Internship Title: __________________________________________________________________

Please rate the following statements below based on the student’s internship:

<table>
<thead>
<tr>
<th>Statement</th>
<th>POOR</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intern’s overall job performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Intern’s attendance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Intern’s attitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your availability to answer intern’s questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Regularly scheduled meetings with your intern</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Intern’s willingness to ask for help</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Job duties were related to learning agreement objectives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Intern developed skills essential to their career field</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Intern met expectations set in the learning agreement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Intern received necessary training and resources to do job 1 2 3 4 5
Intern’s work load was challenging 1 2 3 4 5
The overall internship experience (for you the supervisor) 1 2 3 4 5

Please rate the following statements on a scale of 0-4
[0 = not applicable 1 = strongly disagree 2 = disagree somewhat 3 = agree somewhat 4 = strongly agree]

Through the internship, the student intern:

Worked in a diverse environment 0 1 2 3 4
Managed their time and priorities 0 1 2 3 4
Acquired knowledge 0 1 2 3 4
Thought critically 0 1 2 3 4
Communicated effectively 0 1 2 3 4
Solved problems 0 1 2 3 4
Contributed to a team 0 1 2 3 4
Worked outside their comfort zone (exposed to new perspectives) 0 1 2 3 4
Performed their job with integrity 0 1 2 3 4
Developed professional skills 0 1 2 3 4
Balanced work and life 0 1 2 3 4
Embraced change 0 1 2 3 4

Please comment on the student’s strengths, performance and/or skills.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Suggestions for student improvement (job skills, attitude, communication, etc)?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Additional Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Do you plan on having this internship available for students again: Yes_____ No _____

If yes, when would it start: ________________________________

If no, why not: ________________________________

By signing below you are stating that you have reviewed the final internship evaluation
with your intern.

Student Signature: ________________________________Date: ______

Supervisor Signature: ________________________________Date: ______

Please fax or mail completed and signed form to:

Bill Morgan – Internships@State Program
Mail: 113 Student Services Bldg., East Lansing MI 48824-1113
Fax: (517) 355-9523
E-mail: Morganw6@msu.edu Phone: (517) 884-1347

Supervisors: Please feel free to contact me if there is any additional information regarding the
internship experience you would like to discuss.