Supervisor Evaluation Form

Student Name_________________________ Internship Location ________________________________

Supervisor Name_______________________ Title________________________________________ Phone_______________

Dates of internship ______________________ Student completed __________ hours total

What were the duties and responsibilities of the intern?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

On a scale of 1-5 with 5= outstanding, 3= satisfactory, and 1=poor, please rate the intern in the following areas:

Academic Preparation______ Adaptability__________
Problem Solving Skills_______ Communication Skills________
Verbal__________ Written___________
Dependability__________ Enthusiasm____________
Maturity___________ Interpersonal Skills__________
Initiative___________

What strengths or weaknesses did the intern display? ______________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Would you recommend this intern for other internships? __________________________

Would you be interested in future interns from our program? __________________

Thank you for your support of the Department of Communication Internship Program. Please scan and email this form to mrueter@millikin.edu. Attach additional sheets if necessary. Don’t hesitate to contact me at (217) 433-5352 if you have any concerns or questions.

Melinda Rueter
Internship Coordinator
Department of Communication
Millikin University