



**COMM 4802 – INTERNSHIP
SUPERVISOR’S EVALUATION**
(EMAIL DIRECTLY TO FACULTY DIRECTOR
AT:)

STUDENT’S NAME:

UID#:

INTERNSHIP SUPERVISOR’S NAME:

INTERNSHIP SITE:

Please rate the extent to which you agree or disagree with the following statements regarding this student.

This student...	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Was well prepared to assume the internship responsibilities.	1	2	3	4	5
Was conscientious about fulfilling the requirements of the internship.	1	2	3	4	5
Consistently produced work of excellent quality.	1	2	3	4	5
Effectively communicated during the internship .	1	2	3	4	5
Exercised appropriate initiative and leadership skills during the internship.	1	2	3	4	5
In general, demonstrated positive personal and professional skills during the internship.	1	2	3	4	5

Additional Comments:

Supervisors’s Signature:

Date: