

College of Health Sciences
University Supervisor Evaluation Form
 (To be completed by student intern)

University Supervisor's Name: _____ Semester/Year: _____

Please indicate with a check mark the degree to which you agree or disagree with the following statements. (SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree, and U=Undecided)

My University Supervisor:	SA	A	D	SD	U
Contacted me biweekly during my internship.	_____	_____	_____	_____	_____
Visited with me onsite at least twice.	_____	_____	_____	_____	_____
Discussed my midterm evaluation with my site supervisor and me.	_____	_____	_____	_____	_____
Collected my internship records, reports, logs, work schedule, checklists and evaluation forms.	_____	_____	_____	_____	_____
Discussed my final evaluation with my site supervisor and me.	_____	_____	_____	_____	_____
Was courteous and helpful.	_____	_____	_____	_____	_____
Was knowledgeable about the requirements of my internship.	_____	_____	_____	_____	_____
Was accessible when I needed him/her.	_____	_____	_____	_____	_____
Kept appointments when they were made.	_____	_____	_____	_____	_____
Showed a genuine interest in my professional development during my internship.	_____	_____	_____	_____	_____

Comments: _____

Submit completed form to Internship Coordinator unless he is your university supervisor, in which case you should submit this form to one of the receptionist at the FH 106 front desk.