

NWQB 3rd Floor
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Intern Supervisor Evaluation of Student Internship INFOST 495

Date: _____

Intern Supervisor:

Please return this form during final exam week, to your IST Internship Advisor at the address above.

Student Name:	Email:
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Field Supervisor: _____ Faculty Advisor: _____

1. Briefly state the goal(s) set by the student: _____

2. In view of the goal(s) set by the student, please check the appropriate point on the line below as to the student's success in achieving the goal(s).

75% 80% 85% 90% 95% 100%

3. Did the student demonstrate any of the qualities listed below in working toward the goal(s)?
 Check the appropriate spaces.

	Superior	Average	Below Average
Initiative			
Creativity			
Dedication			
Dependability			
Cooperation			
Adjustability			
Consideration of others			

4. What grade would you give the student?

A	A-	B+	B	B-	C+	C	C-	D+	D

5. Please feel free to write any comments regarding the student or the internship program in the space provided. There is additional room on the back of this sheet if more space is needed.

