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: ___________________________

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.


4. What grade would you give the student?


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.

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