

School of Communications

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Supervisor's Evaluation of Intern

Intern's Name: _____

Dates of Internship: From: _____ To: _____

Organization: _____ Evaluator: _____

In order to validate and ensure that university credit is given to the intern, please indicate on the scale below your evaluation of your intern during his/her semester with your organization. Mail or fax this form directly to **Sandra Wu** by _____. Thanks!

1 = Exceptional 2 = Very Good 3 = Good 4 = Fair 5 = Improvement Needed NA = Not Applicable

Characteristic	1	2	3	4	5	NA
1. Is dependable						
2. Is creative/innovative						
3. Ability to work independently						
4. Is willing to accept direction, criticism and suggestion						
5. Ability to work with others as a team						
6. Meets deadlines						
7. Is able to contribute to the organization						
8. Demonstrates appropriate level of required skills						
9. Shows initiative						
10. Promise of success in the profession						
11. Appreciates internship experience						
12. Positive attitude toward learning						
13. Readily applies instruction						
14. Overall performance						

15. Relative to the tasks assigned, what were the intern's strengths and weakness? In what specific areas can the intern work toward improvement of performance, knowledge, and/or skill development?

16. If you had a position open, would you consider hiring the intern for the position?
_____ YES _____ NO

17. Other comments:

Supervisor's Name: _____ Phone: _____

Title: _____ Company/Organization: _____

Signature: _____ Date: _____