

Intern Supervisor Evaluation Form

Instructions: Intern supervisors are asked to complete this form as soon as the internship is completed and to send it to the faculty sponsor listed below. We appreciate your comments, which will serve as part of the intern's final grade.

Return to: Professor _____
LGBTQ Studies Program
University of Colorado Boulder
246 UCB
Boulder, CO 80309-0246 or **FAX** to 303-492-2549

Intern's Name: _____	
Agency or Organization: _____	
Supervisor: _____	Title: _____
Phone: _____	E-Mail: _____
Dates intern was at your organization: _____	

On a scale of 1 to 5, with five as the highest rating, please rate this intern in the following categories:

Quality of Work	5	4	3	2	1
Dependability	5	4	3	2	1
Attitude	5	4	3	2	1
Professionalism	5	4	3	2	1
Flexibility	5	4	3	2	1
Willingness to learn	5	4	3	2	1
Relations with others	5	4	3	2	1

Please rate this intern's academic preparedness for his or her internship:

Excellent Very Good Good Not very good Poor

Please comment on the intern's overall performance (strengths, challenges, etc.)

GRADE: A=Excellent B=Good C=Average D=Below Average F=Unacceptable
(You may also assign a plus (+) or minus (-) for the grade.)

Your Signature: _____ **Date:** _____ **Grade:** _____

Please do not give this evaluation form to the intern. Mail or fax to the faculty sponsor listed above by _____ . Any additional comment may be written on the back of this form.

Thank you for your cooperation and interest in our Internship Program.