

COLLEGE OF ARCHITECTURE + LANDSCAPE ARCHITECTURE
advancing sustainable design and planning for arid regions

Graduate Programs Office

CALA Room A303D | 1040 N. Olive Rd (520) 621-9819

SUPERVISOR'S INTERNSHIP EVALUATION FORM

This form, **to be completed by the intern's on-site supervisor**, is meant to provide constructive feedback to the student and course instructor about the student's relative strengths and weaknesses as demonstrated in the internship. Unless the evaluation is extremely positive or negative, it will not significantly affect the student's grade for the internship, which is primarily based on the quality of the related academic coursework.

Student Name: _____ **Semester(s) of Internship:** _____

Sponsoring Organization: _____ **Organization Supervisor:** _____

The supervisor should evaluate the intern as objectively as possible by circling the number in each range that best describes the intern's performance for that characteristic. If the quality in question is irrelevant to the work the student has been performing, please circle "N/A" (not applicable).

Attitude	Excellent	5	4	3	2	1	Poor	N/A
Dependability	Excellent	5	4	3	2	1	Poor	N/A
Ability to Learn	Excellent	5	4	3	2	1	Poor	N/A
Skills and Accuracy in Work	Excellent	5	4	3	2	1	Poor	N/A
Quantity of Work	Excellent	5	4	3	2	1	Poor	N/A
Quality of Work	Excellent	5	4	3	2	1	Poor	N/A
Relations with Others	Excellent	5	4	3	2	1	Poor	N/A
Initiative	Excellent	5	4	3	2	1	Poor	N/A
Communication Skills – Written	Excellent	5	4	3	2	1	Poor	N/A
Communication Skills – Oral	Excellent	5	4	3	2	1	Poor	N/A
Organizational Skills	Excellent	5	4	3	2	1	Poor	N/A
Attendance	Excellent	5	4	3	2	1	Poor	N/A
Punctuality	Excellent	5	4	3	2	1	Poor	N/A
Flexibility	Excellent	5	4	3	2	1	Poor	N/A
Observance of Rules, Policies and Procedures	Excellent	5	4	3	2	1	Poor	N/A
Leadership	Excellent	5	4	3	2	1	Poor	N/A
Creativity	Excellent	5	4	3	2	1	Poor	N/A

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Responsiveness to Criticism	Excellent	5	4	3	2	1	Poor	N/A
Other Skills Unique to Position								
1.	Excellent	5	4	3	2	1	Poor	N/A
2.	Excellent	5	4	3	2	1	Poor	N/A
3.	Excellent	5	4	3	2	1	Poor	N/A

What are the student's outstanding STRENGTHS? _____

In what areas does the student need IMPROVEMENT? _____

How often did you provide feedback to the intern about his/her work?

Weekly _____ Monthly _____ 1-2 times _____ Never _____

Verification that student has worked a minimum of _____ hours per week at this internship.

Has this report been discussed with the intern? Yes _____ No _____

Comments: _____

 Organization Supervisor's Signature Date

 Student's Signature (if jointly completed) Date

Please complete and return this form by: _____ to _____
 Date Department Course Instructor

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Mailing Address

City

State Zip