

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
Monthly Intern Evaluation
Due by the 15th of Each Month

Intern Name: _____
 Date: _____

This feedback form should be completed on a monthly basis throughout the student's internship.

INSTRUCTIONS:

1. Supervisor rates Intern's performance. Please use the rating scale as follows:
*A=Superior, B= Above Average, C= Average,
 D= Below Average, E= Unsatisfactory, N/A= Not Applicable*
2. Supervisor provides additional feedback on Intern's performance.
3. Fax completed feedback form to:
 Dr. T.R. Carr
 Public Administration & Policy Analysis
 Southern Illinois University Edwardsville
 Edwardsville, Illinois 62026-1457

Office phone: (618) 650-3762
Office fax: (618) 650-2786

Statement	Rating
1. General performance of assignments (e.g. quality, neatness, and accuracy).	
2. Acceptance of responsibility.	
3. Seeks advice on current assignments when appropriate.	
4. Maintains confidentiality.	
5. Ability to adapt to organizational environment (e.g. co-worker relationships and cooperation).	
6. Works well with others (e.g. supports the team work).	
7. Demonstrates productive work habits (e.g. reliability and follow through).	
8. Punctual and works the agreed upon schedule	

Additional Feedback

1. What areas continue to need attention? Possible Improvement?

2. Do you have any concerns?

3. Additional comments?

Supervisor
 Printed Name/Signature: _____