



Monthly Intern Evaluation
Due by the 15th of each month

Intern Name: _____

Organization: _____

Date: _____

Instructions: This feedback should be completed on a monthly basis throughout the student's internship. The form is due to the Department of Public Administration and Policy Analysis by the 15th of each month. Please complete the "Evaluation Table" and provide comments in the "Written Feedback" section. Once completed please fax this form to:

Dr. Huyck
Public Administration and Policy Analysis
Southern Illinois University Edwardsville
Edwardsville, Illinois 62026-1457
Office Fax: (618) 650-2786

Questions may be directed to Dr. Huyck at (618)-650-3762 or nelling@siue.edu

Evaluation Table: Please rate the intern for each element using the following scale:

- A= Superior B = Above Average C = Average
D = Below Average E = Unsatisfactory N/A = Not Applicable

Table with 2 columns: Element to be Rated, Rating. Rows include: 1. General performance of assignments, 2. Acceptance of responsibility, 3. Seeks advice on current assignments, 4. Maintains confidentiality, 5. Ability to adapt to organization's environment, 6. Works well with others, 7. Demonstrates productive work habits, 8. Punctual and works the agreed upon schedule, 9. Exhibits behaviors appropriate with the role of a public administrator, 10. Exhibits a grasp of public management concepts and the ability to apply those concepts within the political environment of the organization.

EVALUATION CONTINUED ON NEXT PAGE

Written Feedback: Please provide comments in regard to the following questions:

1. What areas need additional attention or improvement?

2. Do you have any concerns that should be addressed?

3. Do you have any advice for improving the internship experience or additional comments?

Supervisor Signature: _____

Supervisor Printed Name: _____