Missouri Western State University Department of Chemistry

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.

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).

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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
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									
Weekly Monthly	1-2 times Never								
Verification that student has worked a minimum of	hours per wee	ek at th	is inter	nship.					
Has this report been discussed with the intern? Yes No									
We would consider hiring this intern for new or vacant positions in the organization. Yes No									
Comments:									
Organization Supervisor's Signature		Date							
Student's Signature (if jointly completed)		Date							

chemistry@missouriwestern.edu

^{*}Please return to the student or mail to: Chemistry Internship Director Missouri Western State University Department of Chemistry 4525 Downs Drive Saint Joseph, Missouri 64507