SPONSOR EVALUATION FORM

DATE: ___/___/______  SEMESTER (please circle): Fall Spring Summer Winter 201___

Student Information (to be filled out by student):

NAME_________________________________  TELEPHONE (_____ ) ____-_______  DATE OF BIRTH____________

COLLEGE _____________________________  FACULTY COORDINATOR ________________________________

E-MAIL ADDRESS: _______________________________________________________________________________

Sponsor Information (to be filled out by sponsor):

AGENCY/ORGANIZATION NAME: ________________________________________________________________

DEPARTMENT (if any): ______________________ AGENCY ADDRESS: ________________________________

SUPERVISOR NAME: __________________________ SUPERVISOR TITLE ______________________________

SUPERVISOR E-MAIL: __________________________ TELEPHONE (_____ ) ____-_______

1. How many hours per week did the intern work in your office? ______________________________

2. How would you describe the quality of the student's work?
   ( ) Excellent  ( ) Very Good  ( ) Good  ( ) Fair  ( ) Poor

3. How would you describe the attitude of the student toward his/her work?
   ( ) Excellent  ( ) Very Good  ( ) Good  ( ) Fair  ( ) Poor

4. How did the student get along with other members of your office staff?
   ( ) Excellent  ( ) Very Good  ( ) Good  ( ) Fair  ( ) Poor

5. Did you find the student's work helpful in accomplishing the goals of your office?
   ( ) Very Helpful  ( ) Helpful  ( ) Not Very Helpful

6. How would you compare this student to other student interns with whom you have had contact?
   ( ) Above Average  ( ) Average  ( ) Below Average  ( ) Unable to Make Judgment

7. Describe briefly the nature of the work performed by this student in your office.

Continued on reverse

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Please return to the student’s Campus Faculty Coordinator:
_______________________________________________________________________________________________________
Phone: _________________________ Fax: ________________________ E-mail __________________________________
8. Did you have any contact with the student's college instructor?  ( ) Yes  ( ) No
If yes, please describe the type and its adequacy (e.g. telephone, letter, personal visit, etc.)

9. General comments about the student:

10. Would you be willing to serve again as an intern sponsor?  ( ) Yes  ( ) No
If no, please elaborate on your response.

11. Do you have any (other) specific recommendations to make about the Internship Program?