SPONSOR EVALUATION FORM

DATE: _____ / ____ / ________  SEMESTER (please circle): Fall  Spring  Summer  Winter  20___

STUDENT INFORMATION:

NAME ______________________________________________________ CUNYFIRST ID: ____________________

E-MAIL ADDRESS: ___________________________________________@

FACULTY COORDINATOR: ______________________ COLLEGE: _______________________________

* FACULTY COORDINATOR EMAIL ADDRESS: ___________________@_____________________________

INTERNSHIP PLACEMENT INFORMATION:

AGENCY/ORGANIZATION NAME: ________________________________________________________________

DEPARTMENT (if any): ________________________ SUPERVISOR _________________________________

TELEPHONE (    ) ____ - ______E-MAIL ADDRESS: ______________________________@________________________

Please check all that apply:

<table>
<thead>
<tr>
<th>District Office</th>
<th>Legislative Office</th>
<th>Municipal Agency</th>
<th>State Agency</th>
<th>Federal Agency</th>
<th>Advocacy/Community Organization</th>
<th>Other (please describe)</th>
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The intern was primarily tasked with learning experiences in the following areas (please check all that apply):

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<th>Economic Development</th>
<th>Labor</th>
<th>Education</th>
<th>Poverty</th>
<th>LGBTQI</th>
<th>Immigration</th>
<th>Other (please describe)</th>
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Please answer all the questions to the best of your ability.

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

Rev 1/2018
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.

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.