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**HPSS 4490 PRACTICUM EVALUATION FORM**

*This form is to be completed by student’s internship supervisor*

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| Mentor/Supervisor’s Name: | Practicum Site Name/Location: |
| E-mail: | Phone #:  |

|  |  |
| --- | --- |
| Student’s Name:  | Approximate Number of Hours Completed by Student:  |

**Please evaluate the student above on the following based upon your experiences with him/her during this particular practicum experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completion of Assigned Duties: | o Poor | o Fair | o Good | o Excellent |
| Attitude Towards Practicum Assignments in Relation to Stated Goals: | o Poor | o Fair | o Good | o Excellent |
| Verbal and Written Communication Skills: | o Poor | o Fair | o Good | o Excellent |
| Ability to Work Well with Others: | o Poor | o Fair | o Good | o Excellent |
| Initiative Toward Learning New Things: | o Poor | o Fair | o Good | o Excellent |
| Professional Disposition: | o Poor | o Fair | o Good | o Excellent |
| Overall Quality of Work Performed: | o Poor | o Fair | o Good | o Excellent |
| Potential for Career in Sport Industry: | o Poor | o Fair | o Good | o Excellent |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Attendance: | o Poor | o Fair | o Good | o Excellent |
| Punctuality: | o Poor | o Fair | o Good | o Excellent |
| Dependability:  | o Poor | o Fair | o Good | o Excellent |

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| --- |
| Please provide any additional comments related to the performance of the student intern, including what you feel are his/her strengths/weaknesses *(use back if necessary):* |

***Please sign and place document in a sealed envelope for student to return to Program Advisor.***

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*Internship Supervisor Date*