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**HPSS 6655 INTERNSHIP EVALUATION FORM**

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

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| Supervisor’s Name: | Internship Site 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 internship experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completion of Assigned Duties: | o Poor | o Fair | o Good | o Excellent |
| Professional Judgement: | o Poor | o Fair | o Good | o Excellent |
| Ability to be Flexible and Adaptable to High Pressure Situations: | o Poor | o Fair | o Good | o Excellent |
| Decision-Making Ability: | o Poor | o Fair | o Good | o Excellent |
| Exhibition of Professional Behaviors: | o Poor | o Fair | o Good | o Excellent |
| Ability to Critically Evaluate Own Work: | o Poor | o Fair | o Good | o Excellent |
| Ability to Work in Various Capacities: | 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 Leadership: | 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*