

## WCPSS School to Career Internship Program

### ORGANIZATION SUPERVISOR INTERN EVALUATION

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Student Intern: \_\_\_\_\_

Number of hours worked: \_\_\_\_\_ Organization: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Brief description of intern's experiences:

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**Note to sponsor:** This form was developed to help the Internship Coordinator assign the student's academic credit. It is suggested that you share this evaluation with the student intern before sending to the Internship Coordinator. We realize that not all categories listed below may be applicable to this particular internship. Please check only those items you feel comfortable evaluating. Thank you for your assistance and cooperation.

Personal Qualities	Excellent 93-100	Above Average 92-85	Average 84-72	Below Average <71	Not Applicable
Accepts and fulfills responsibilities					
Exercises good judgment					
Is friendly and courteous					
Accepts and understands the needs, feelings, and faults of others					
Is accepted well by other employees					
Is dependable					
Is willing to accept suggestions					
Conscientious in fulfilling assignments					
Follows directions					
Work is neat and accurate					
Is honest and sincere					
Reports to site on time					
Calls if unable to attend in advance					
Is cooperative and industrious					
Is creative					
Shows initiative					
Is flexible and adaptable					

Please evaluate overall performance: (Check one)

10	9	8	7	6	5	4	3	2	1
Excellent		Above Average			Average			Below Average	

What are the student's major professional assets and strengths?

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What are the student's major professional development needs?

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Did the student have adequate organizational/management skills? If not, please elaborate.

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Do you know of any other organizations that may be interested in supporting School-To-Career programs such as internships and work-based learning?

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Comments:

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you or your organization be interested in sponsoring future interns? \_\_\_\_\_

If you are not the intern contact person, who is? \_\_\_\_\_

Please check one box below:

☐ Please **share** this evaluation with the intern.

☐ Please **do not** share this evaluation with the intern.

Please fax this form (both sides) to the attention of **Geof C. Duncan** to 919-217-5356 or mail it to:

Knightdale High School  
Attn: Geof C. Duncan, Career Academy Coordinator  
100 Bryan Chalk Lane  
Knightdale, NC 27545

If comfortable, you may give the completed form to your intern to turn in to the internship coordinator.