

THE FOLEY

INSTITUTE

The Thomas S. Foley Institute
for Public Policy and Public Service



Please return this form to the Internship Coordinator at:

Washington State University
Thomas S. Foley Institute
316 Bryan Hall
P.O. Box 644840, Pullman, WA 99164
Fax (509) 335-2096
relgar@wsu.edu

INTERN EVALUATION

Student Name _____ Date of Evaluation _____

Internship Description _____

Agency _____ Supervisor's Name _____

Address _____ Telephone _____

PERFORMANCE APPRAISAL (please check off the appropriate appraisal or indicate not applicable)

| | Unacceptable | Needs Improvement | Meets Standards | Above Average | Exceeds Standards |
|-------------------------|--------------|-------------------|-----------------|---------------|-------------------|
| QUALITY OF WORK | | | | | |
| Accuracy | | | | | |
| Completeness | | | | | |
| Neatness | | | | | |
| Comments: | | | | | |
| QUANTITY OF WORK | | | | | |
| Amount of work done | | | | | |
| Timeliness | | | | | |
| Comments: | | | | | |
| WORK HABITS | | | | | |
| Organization skills | | | | | |
| Diligence | | | | | |
| Dependability | | | | | |
| Analytical ability | | | | | |
| Punctuality | | | | | |
| Comments: | | | | | |

| | Unacceptable | Needs Improvement | Meets Standards | Above Average | Exceeds Standards |
|-------------------------------------|--------------|-------------------|-----------------|---------------|-------------------|
| INTERPERSONAL RELATIONSHIPS | | | | | |
| Relates well with: | | | | | |
| —Supervisors | | | | | |
| —Fellow employees | | | | | |
| —Public | | | | | |
| Comments: | | | | | |
| INITIATIVE | | | | | |
| Resourcefulness | | | | | |
| Works well with limited supervision | | | | | |
| Comments: | | | | | |
| JOB COMPREHENSION | | | | | |
| Understands assignments and duties | | | | | |
| Comments: | | | | | |

Additional Comments:

Please share this evaluation with the student intern. Your appraisal assists their professional development.

Evaluator Signature _____ Title _____ Date _____

Evaluation Reviewed with Intern:

Intern Signature _____ Date _____