



ECOL 4940 MID-SEMESTER FEEDBACK

This evaluation form is intended to provide an opportunity for dialogue between student intern and supervisor about both the student's performance and the degree to which the internship experience is providing the training and experience agreed upon in the contract.

Intern's Name

Date

Organization Name

Name of Supervisor

1. Assessment of performance – please refer to the below key for assigning scores

1 – Outstanding	4 – Needs improvement
2 – Exceeds expectations	5 – Unsatisfactory
3 – Meets expectations	6 – Insufficient information for evaluation

_____ Quality of work

_____ Initiative

_____ Quantity of work

_____ Professionalism

_____ Dependability

_____ Communication with internship supervisor

2. Comments/elaboration on above scores:

3. Summary of progress toward internship skills/knowledge goals:

4. Additional comments/feedback:

Supervisor's Signature

Date

*Student's Signature

Date

***My signature indicates only that I have reviewed this evaluation. It does not necessarily signify my concurrence.**