

To be filled out by the intern's immediate supervisor at mid-point of internship

Student's name \_\_\_\_\_

Student's duties/job title \_\_\_\_\_

\_\_\_\_\_

Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

The School of Journalism and Mass Media will use your assessment not only for the student's evaluation but also for planning our instructional program. We expect the supervisor to discuss this evaluation with the intern.

**Rate the student intern in these general categories:**

<u>RATING SCALE</u>	
Excellent	A
Good	B
Satisfactory	C
Unsatisfactory	F

Attitude toward job \_\_\_\_\_

Dependability \_\_\_\_\_

Ability to complete assigned tasks \_\_\_\_\_

Initiative \_\_\_\_\_

Ability to work with others \_\_\_\_\_

Judgment \_\_\_\_\_

Overall quality of work \_\_\_\_\_

Please comment on your responses above and on the intern's particular strengths and weaknesses (use back of this form if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to:

School of Journalism and Mass Media, University of Idaho, PO Box 443178, Moscow ID 83844-3178  
Fax: 208-885-6450

To be filled out by the intern’s immediate supervisor at completion of internship

Student’s name \_\_\_\_\_

Student’s duties/job title \_\_\_\_\_

\_\_\_\_\_

Supervisor’s name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

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- Attitude toward job \_\_\_\_\_
- Dependability \_\_\_\_\_
- Ability to complete assigned tasks \_\_\_\_\_
- Initiative \_\_\_\_\_
- Ability to work with others \_\_\_\_\_
- Judgment \_\_\_\_\_
- Overall quality of work \_\_\_\_\_

Please comment on your responses above and on the intern’s particular strengths and weaknesses (use back of this form if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student’s signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor’s signature \_\_\_\_\_

Date \_\_\_\_\_

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