



**Pre-Health Internship Program**

**FINAL - On-Site Supervisor Evaluation Form**

**Student:** \_\_\_\_\_ **Date Started Internship:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Date of Evaluation:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Site Supervisor:** \_\_\_\_\_ **Supervisor Title:** \_\_\_\_\_

This evaluation is designed primarily to provide feedback on job performance and related issues to assist the student in his/her academic, personal, and professional development. Please review and discuss your evaluation with the student.

Record your appraisal of the student’s performance by writing the appropriate number in the blank after each item. For any items with a rating of “1” or “2”, provide an explanation in the space provided. Comments on any other items would also help the student. Use “N/A” if there has been no opportunity to observe the skill, or if it is not relevant to the work setting.

*Needs Improvement*

*Satisfactory*

*Excellent*

**1**

**2**

**3**

**4**

**5**

**Rating**

**COMMENTS**

**I. RELATIONS WITH OTHERS**

Ability to communicate with staff \_\_\_\_\_

Ability to communicate with clients \_\_\_\_\_

Ability to work with and for others \_\_\_\_\_

**II. SUPERVISION**

Ability to seek and use help	_____	_____
Openness to constructive criticism	_____	_____
Ability to work independently	_____	_____

**III. PERSONAL QUALITIES**

Decision making	_____	_____
Trust and confidentiality	_____	_____
Initiative	_____	_____
Creativity	_____	_____
Dependability	_____	_____
Punctuality	_____	_____
Personal appearance	_____	_____
Ability and willingness to learn	_____	_____
Adaptability	_____	_____
Adherence to agency rules/norms	_____	_____

**IV. SKILLS**

Verbal communication	_____	_____
Written communication	_____	_____
Analyzing problems	_____	_____
Problem solving	_____	_____
Organizing/assignments to completion	_____	_____
Making and meeting deadlines	_____	_____

**V. JOB PERFORMANCE**

List 4 to 6 primary tasks performed by the student in fulfilling his/her job responsibilities.

Rate performance of each.

*Needs Improvement*

*Satisfactory*

*Excellent*

1

2

3

4

5

**TASK**

**RATING**

**COMMENTS**

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
<b>Overall contribution to organization</b>	_____	_____

A. What development have you observed in the student's skills, knowledge, personal and/or professional performance?

B. In what specific areas can the student work toward improvement of performance, knowledge, and/or skill development?

*(Attach additional sheet for further comments if needed)*

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

Date: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_