



**Pre-Health Internship Program**

**Mid-Semester - On-Site Supervisor Evaluation Form**

Student: \_\_\_\_\_ ID#: \_\_\_\_\_

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

**After reviewing the Initial Evaluation, please evaluate the student and determine if progress has been made.**

*Needs Improvement*

*Satisfactory*

*Excellent*

1

2

3

4

5

**Regarding routine tasks, the student (please assign number):**

Is tardy \_\_\_\_\_

Is punctual

Hesitates to do what is asked \_\_\_\_\_

Is willing to assume all tasks

Needs constant supervision \_\_\_\_\_

Completes tasks with little to no supervision

Fails to complete tasks \_\_\_\_\_

Completes tasks with few or no mistakes

Needs constant reminders \_\_\_\_\_

Assumes responsibility for assigned tasks

**Regarding professional preparation of the student (please assign number):**

Is poorly prepared \_\_\_\_\_

Displays outstanding preparation

Demonstrates little ability to apply \_\_\_\_\_

Shows practical knowledge

Displays lack of initiative \_\_\_\_\_

Displays initiative

Displays lack of good judgment \_\_\_\_\_

Displays good judgment

**Overall, the student (please assign number):**

Needs growth, maturity \_\_\_\_\_

Demonstrates professional growth

**Other Comments: (Please comment on the student's strengths or areas that need attention.**

**Use additional sheet if necessary).**

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

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