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**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. \_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall contribution to organization \_\_ \_\_\_\_\_\_**

1. What development have you observed in the student’s skills, knowledge, personal and/or professional performance?
2. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_