

CALDWELL UNIVERSITY ACADEMIC INTERNSHIP PROGRAM

SUPERVISOR'S MID-TERM EVALUATION

Supervisors: Please complete the following evaluation approximately half-way through the student's internship with your organization, discuss with the student, and submit to the Career Planning and Development Office at Caldwell University.

Student Name: _____ Date: _____

Name of Organization: _____

Supervisor Name & Title: _____

Email: _____ Phone: _____

Please rate the student's performance as a member of your organization:

	Excellent	Very Good	Satisfactory	Fair	Unsatisfactory	N/A
Quality of work						
Attendance and punctuality						
Dresses appropriately for position						
Ability to work independently						
Accepts responsibility						
Shows initiative and interest						
Cooperation with co-workers						
Response to direction or criticism						
Oral communication skills						
Written communication skills						
Problem solving skills						
Knowledge of work/field						
Aptitude for further work in field						
OVERALL EVALUATION						

Comments on student's performance _____

Supervisor's Signature: _____

Thank you. Please return this form to Career Planning & Development via fax at 973-618-3425 or email careers@caldwell.edu. Call 973-618-3290 with any questions.