

HIST 496R
INTERNSHIP SUPERVISOR FINAL EVALUATION

Student's Name: _____

Internship Organization: _____

Internship Supervisor: _____

DIRECTIONS: The final evaluation provides an opportunity for the Internship Supervisor and the intern to reflect on the success of the internship and assess overall performance. If possible, please have a conference with the student to review this evaluation and discuss any areas of improvement with him/her for future employment. The student's final grade will be based on the mid-term evaluation, final evaluation, and the student's reports. The observations and comments made by the Internship Supervisor are critical to assigning this grade.

Please check the appropriate box to indicate the student's performance; make any comments as needed:

1. Career Related Learning: How well does the student understand the role of the internship organization and the career opportunities available to him/her?

- Very Well
 Satisfactory
 Needs Improvement (Please indicate the nature of improvement needed.)

2. Skills: To what degree does the student possess, learn, and apply the skills relevant to this position?

- Very Well
 Satisfactory
 Needs Improvement (Please indicate the nature of improvement needed.)

3. Human Relations: How well does the student accept suggestions and relate to fellow workers, supervisors, and subordinates?

- Very Well
 Satisfactory
 Needs Improvement (Please indicate the nature of improvement needed.)

4. Quality of Work: Overall, how would you rate the quality of the student's work?

- Very Good
 Satisfactory
 Needs Improvement (Please indicate the nature of improvement needed.)

5. Quantity of Work: Overall, how would you rate the student's productivity at the internship?

- Very Good
 Satisfactory
 Needs Improvement (Please indicate the nature of improvement needed.)

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6. Other Characteristics. (Please check the appropriate box.)

Characteristics	Very Good	Satisfactory	Needs to Improve
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relations with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Was the student able to learn and accomplish everything you expected of them?

Comments:

Did the intern complete all their required hours: Yes No

Recommended Grade: _____

Signature of Internship Supervisor: _____

Date: _____

Please send all documents to the History Internship Coordinator:

BYU History Internship Office
 2130F JFSB
 Provo, UT 84602
hist_intern@byu.edu
 (801) 422-1789