

Student Name: _____ Date: _____

Required Communication Portfolio

Internship / Service Project # _____

Name of Organization/Company _____

Supervisor of Internship/Project _____

Contact Information for Supervisor _____

Semester Completed/ YR: _____ Credit (Yes/No): _____

Student's Evaluation of Internship/Project element completed:

(Appendix A)

Supervisor's Evaluation of Internship/Project element completed:

(Appendix B)

Self-Assessment Paper element completed:

Sample of Work element completed:

If Completed for Internship Credit:

Student Services Approval / element completed:

Internship Registration Form (if applicable)

Weekly Journal Entries element completed:

Appendix A

STUDENT'S EVALUATION OF INTERNSHIP – Please print legibly.

Name of Student: _____

Name of Company: _____

Work Site Supervisor: _____

Name of Faculty Supervisor: _____

Date of Evaluation: _____

	Excellent	Very Good	Average	Below Average	Poor
1) Internship Environment	()	()	()	()	()
2) Variety of Experience	()	()	()	()	()
3) Availability of Supervisor	()	()	()	()	()
4) Opportunity to interact with employees	()	()	()	()	()
5) Opportunity to interact with customer/client	()	()	()	()	()
6) Technical Training Provided	()	()	()	()	()
7) How would you rate this employer overall?	()	()	()	()	()

Was the Internship a valuable learning experience? Why or why not?

What could be done to improve the program in the future?

Would you recommend this placement for another student?

Appendix B-1

EMPLOYER EVALUATION OF INTERN - Please print legibly.

NAME OF STUDENT: _____

DATE OF RATING: _____

Student: You are responsible for providing this form to the work site supervisor one week before the end of the semester. The learning objectives should be neatly typed or printed in the space provided. A stamped envelope addressed to the faculty supervisor should accompany this form.

Employer: Please complete all of this rating form and mail it to the faculty supervisor upon completion of the internship.

LEARNING OBJECTIVE:

RATING

	Achieved	Good Progress	Needs More Work	Not Attempted
1)	()	()	()	()
Comments:				
2)	()	()	()	()
Comments:				
3)	()	()	()	()
Comments:				
4)	()	()	()	()
Comments:				
5)	()	()	()	()
Comments:				
6)	()	()	()	()
Comments:				
7)	()	()	()	()
Comments:				

Appendix B-2

In responding to the following items, please compare your student-intern to your "average" new employee. Circle one item in each group.

- | | | | | |
|--|-----------|------------|--------------|-----------|
| 1. Attendance: | Perfect | Acceptable | Inconsistent | Excessive |
| 2. Punctuality: | Perfect | Acceptable | Inconsistent | Excessive |
| 3. Fit in well with work group: | Excellent | Very well | Average | Poor |
| 4. Able to learn new tasks: | Excellent | Very well | Average | Poor |

Please check the item(s) below that describes the student:

- | | |
|---|---|
| <input type="checkbox"/> Displayed enthusiasm | <input type="checkbox"/> Somewhat careless |
| <input type="checkbox"/> Exhibited creative problem solving | <input type="checkbox"/> Somewhat resistant to change |
| <input type="checkbox"/> Dressed appropriately for work setting | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Not adequately prepared academically for the work assignment | |
| <input type="checkbox"/> Tended not to ask questions, even when later behavior suggested that he/she had not understood | |

What was the student's greatest strength?

Where does the student need the most improvement?

Additional Comments:

(Feel free to attach additional comments)

These ratings have been discussed with the student. Yes No

Work Site Supervisor's Signature: _____ Date: _____