

Community Health Program
Health, Physical Education, Recreation and Sport Science
St. Cloud State University
INITIAL INTERNSHIP EVALUATION
(Due at the End of the 4th Week and the 9th Week of Internship)

Name of Intern _____ Date _____
Agency _____
Agency Supervisor _____ SCSU Supervisor _____

KEY: (1) Excellent (2) Good (3) Fair (4) Poor (5) NA

Instruction: Please place an "X" opposite each item under the number, which applies. For ratings between numbers, mark "X" on the line, which divides the two numbers. Please be as objective as possible.

The purpose of this evaluation is to provide an opportunity for feedback to the student regarding his/her initial progress in the internship.

Rating Items	1	2	3	4	5	Comments
Professional Personal Appearance						
Computer skills						
Energy Level						
Work Habits						
Punctuality						
Initiative						
Leadership & Organization Skills						
Follow-Through with tasks						
Responsibility & Dependability						
Judgment						
Professional communication						
Public Relations						
Cooperation						
Decision making ability						
Professional techniques & Skills						
Control & Discipline						
Character & Influence						
Personality						
Knowledge of assigned tasks						
Language and writing skills						
Professional Attitude						
OVERALL RATING						

Comments:

Agency Mentor Signature _____

Student Signature _____