

STUDENT/ INTERN NAME: _____

Evaluation for period from _____ to _____ Total hours worked during this period: _____

EMPLOYER/ HOST ORGANIZATION: _____

Name & Position of Supervisor completing this Evaluation: _____

Phone Number: _____ E-mail address: _____

Signed: _____ Date: _____

INTERNSHIP EVALUATION:

1. Please list the principal activities your intern performed during the final evaluation period of this placement:

- A.
- B.
- C.
- D.

2. Please check the extent to which your intern satisfied the following:

| | excellent | good | average | poor | n/a* |
|--|-----------|------|---------|------|------|
| met your expectations | | | | | |
| completed assigned tasks | | | | | |
| grew professionally during the internship | | | | | |
| functioned as an independent learner | | | | | |
| functioned as a responsible team member | | | | | |
| demonstrated initiative | | | | | |
| demonstrated effective oral communication | | | | | |
| communicated effectively in writing | | | | | |
| demonstrated leadership abilities | | | | | |
| asked relevant questions | | | | | |
| thought analytically | | | | | |
| synthesized ideas and materials | | | | | |
| evaluated his or her own work | | | | | |
| responded well to constructive criticism | | | | | |
| made appropriate judgments | | | | | |
| dressed appropriately | | | | | |
| conducted themselves appropriately in a work environment | | | | | |
| showed steady, general improvement over the course of the internship | | | | | |
| improved upon weaknesses that were pointed out previously | | | | | |

*n/a = not applicable

3. Note any problems, issues and resolutions encountered during the internship period:

4. Please comment on the following statements.

| | yes | unsure | no | n/a |
|---|-----|--------|----|-----|
| Productivity in your department and/or organization has increased as a result of hosting an intern. | | | | |
| You found the Eastman Intern Coordinator to be helpful and responsive. | | | | |
| You look forward to hosting another Eastman ALP intern. | | | | |

5. Has your department or organization benefited in any other ways from having an Eastman ALP intern?

6. General Comments?

Please feel free to use the back of this form or additional paper to respond to these questions, and to comment on any aspect of this internship that you wish. The information provided herein is Eastman confidential and will be used for internal purposes of the Arts Leadership Program only.

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