



INTERNSHIP

School of Business and Economics
Department of Economics and Finance
HOST SUPERVISOR MID-TERM EVALUATION



Student Name: _____

Agency/Organization: _____

Host Supervisor: _____

Internship Term: Fall- Spring- Summer Year _____

This evaluation should be completed by the Host Supervisor and then reviewed with the student intern. A copy of the evaluation must be submitted to Tracy Clifford or Barbara Hand in Beatty Center 100. You may send the evaluation via email to cliffordt@cofc.edu or regular mail to College of Charleston, Economics and Finance, 5 Liberty Street, Beatty Center 100, Charleston, SC 29401 or via fax at 843-953-0828. The student intern may also hand deliver it.

Please mark the box that best describes the student's performance. There is space below each section for additional comments.

Job Knowledge: How knowledgeable in the skills and duties of the position is this person?

<input type="checkbox"/> Exceptional understanding of all phases of the job and its effects on others work	<input type="checkbox"/> Has greater depth of knowledge and understands intricacies of the job better than most interns	<input type="checkbox"/> Well informed on the primary job duties and responsibilities	<input type="checkbox"/> Needs to develop greater understanding of the job duties in order to perform satisfactorily.	<input type="checkbox"/> Continually needed instructions; inadequate understanding of job fundamentals.
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Comments:

Quality of Work: How accurate, neat, error free and complete was the work?

<input type="checkbox"/> Always very accurate; work is superior and far exceeds the standards and expectations set.	<input type="checkbox"/> Very careful and neat, rarely makes errors, definitely exceeds normal requirements and expectations.	<input type="checkbox"/> Quality meets standards; person is a careful work	<input type="checkbox"/> Careless on occasion; makes recurrent mistakes, needs checking and improvement.	<input type="checkbox"/> Many errors; sloppy and very often had incomplete work; Work had to be redone
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Comments:

Quantity of Work: How much work was consistently completed in a timely manner?

<input type="checkbox"/> Produces an extremely high volume of work. Always strives to improve productivity.	<input type="checkbox"/> Completes more work than is required. Typically asks for additional work and uses time efficiently.	<input type="checkbox"/> Amount of work completed is satisfactory/average. Able to keep up with work and meets deadlines set most of the time	<input type="checkbox"/> Volume of work is not satisfactory. Does not look for additional work.	<input type="checkbox"/> Always behind on work. Did not utilize time efficiently.
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Comments:

Initiative: How resourceful, creative and ambitious was this intern?

<input type="checkbox"/> Continually sought better ways to improve. Asked to learn new duties. Self starter; made significant contributions.	<input type="checkbox"/> Diligent worker. Often sought ways to improve performance. Always kept busy.	<input type="checkbox"/> Required normal supervision. Completed duties satisfactorily. Sometimes looked for extra work.	<input type="checkbox"/> Did enough work just to get through the internship. Required extra supervision. Seldom did anything to improve work.	<input type="checkbox"/> Put forth minimum effort. Needed close supervision when starting and completing tasks.
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Host Internship Final Evaluation for _____ cont...

Comments (Initiative):

Teamwork: How cooperative, willing, and courteous was this intern?

<input type="checkbox"/> Had outstanding rapport with others in office. Always courteous and cooperative. Went the "extra mile".	<input type="checkbox"/> Eager to please, courteous and helpful. Offered constructive suggestions. Related very well with the staff.	<input type="checkbox"/> Cooperative and courteous most of the time. Got along well with others, was willing to help when asked by a member of the organization.	<input type="checkbox"/> Occasionally reluctant to help; sometimes tactless and uncaring.	<input type="checkbox"/> Uncooperative. Complained and caused friction, had a negative attitude toward work and avoided responsibility.
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Comments:

Communication: How well did this intern communicate whether orally or written?

<input type="checkbox"/> Effective in facilitating verbal and/or written communications. Never afraid to ask questions.	<input type="checkbox"/> Had required skills and was effective in the position.	<input type="checkbox"/> Adequately met routine communication requirements that were associated with tasks assigned.	<input type="checkbox"/> Sometimes unclear and difficult to understand.	<input type="checkbox"/> Ineffective in expressing ideas orally and/or in writing.
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Comments:

Judgment: How reliable were the decisions made by the intern?

<input type="checkbox"/> Consistently and quickly arrived at correct decisions. Would consult with supervisor when decisions needed to be made. Very reliable.	<input type="checkbox"/> Able to understand consequences of actions and carefully determined best action to take. Reliable in decision-making when decisions needed to be made	<input type="checkbox"/> Good judgment resulting from sound evaluation. Most decisions were correct.	<input type="checkbox"/> Judgment caused problems too often to be acceptable. Close supervision was required when judgment was needed.	<input type="checkbox"/> Inability to realize consequences of bad judgments. Decisions often wrong or ineffective.
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Comments:

Please check any of the following where a problem existed: Punctuality Attendance Appearance

Review job responsibilities with intern and determine their strengths and weaknesses. For weaknesses- recommendations for how they can be strengthened:

Strengths:

Weaknesses:

How would you rate the intern's overall job performance: Extraordinary Above Average Average Below Average Poor

Student Intern Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

For Department Use Only

Internship Coordinator Signature: _____ Date Received: ____/____/____

Project Supervisor Signature: _____ Date Received: ____/____/____