

Department of Public Administration
Site Supervisor Internship Mid-Term Evaluation Form

Intern Name: _____ Date: _____

Please rate your intern using the following scale:

- 4** The student demonstrates this ability on his or her own
- 3** The student demonstrates this ability with little direction
- 2** The student has some ability in this area, but requires some supervision
- 1** The student does not demonstrate this ability
- N/A** Does not apply

| The Intern: | 4 | 3 | 2 | 1 | N/A |
|--|----------|----------|----------|----------|------------|
| Utilizes effective problem-solving techniques | | | | | |
| Complies with the organization's established procedures and policies | | | | | |
| Sets goals and actively works toward their attainment | | | | | |
| Ability to work independently | | | | | |
| Ability to work with others | | | | | |
| Demonstrates an understanding of the organization's purpose and function | | | | | |
| Uses effective verbal and nonverbal communication | | | | | |
| Behaves professionally | | | | | |

Estimated Number of Hours Completed Thus Far: _____

Additional Comments:

Intern's strengths:

Areas that need development:

Submitted By: Supervisor Signature: _____

Organization: _____

Please return directly to:

Student Intern or
 Gina Amatangelo, Internship Coordinator
 Gina.Amatangelo@utsa.edu