



**Please return or fax to:**  
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**Maxine Goodman Levin College of Urban Affairs  
 Student Internship Program  
 Agency Evaluation of Intern  
 (To be completed by the Agency)**

Intern's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

**Rate the student's current overall work performance at this time. Please pick a point on the continuum that best reflects your judgment.**

1	2	3	4	5
Minimum	Low	Adequate	Proficient	Outstanding

**Please rate the intern's performance in the following areas, using the numerical scale below.**

- |                   |                                    |
|-------------------|------------------------------------|
| 4. Exceptional    | Consistently exceeded expectations |
| 3. Good           | Sometimes exceeded expectations    |
| 2. Fair           | Met expectations                   |
| 1. Unsatisfactory | Did not meet expectations          |

- |  |         |
|--|---------|
| 1. Exhibits a positive and professional attitude | 4 3 2 1 |
| 2. Effectively manages her/his time              | 4 3 2 1 |
| 3. Seeks out and utilizes appropriate resources  | 4 3 2 1 |
| 4. Comprehends and follows instructions          | 4 3 2 1 |
| 5. Communicates ideas and concepts clearly       | 4 3 2 1 |
| 6. Demonstrates effective communication skills   | 4 3 2 1 |

4. Exceptional	Consistently exceeded expectations
3. Good	Sometimes exceeded expectations
2. Fair	Met expectations
1. Unsatisfactory	Did not meet expectations

- |  |         |
|--|---------|
| 7. Exhibits a self-motivated approach to work                  | 4 3 2 1 |
| 8. Respects the diversity of co-workers                        | 4 3 2 1 |
| 9. Establishes effective working relationships with co-workers | 4 3 2 1 |

Briefly describe the intern's duties and responsibilities.

**Comments:** Please feel free to attach a separate sheet to address other observations/comments.

Please circle one

Would you like to host another intern?            Yes   or   No

Has this internship evaluation been discussed with the student? Yes   or   No

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

