

<b>AGENCY EVALUATION OF STUDENT INTERN</b> <b>Political Science 99-2 INTERNSHIP</b>
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Name of Intern \_\_\_\_\_  
 Name of Agency Supervisor \_\_\_\_\_  
 Name of Faculty Supervisor \_\_\_\_\_  
 Name of Agency \_\_\_\_\_  
 Agency Phone # \_\_\_\_\_  
 Agency E-mail Address \_\_\_\_\_

**The agency supervisor should complete this evaluation of the intern. The supervisor should discuss the evaluation with the student.**

A. Please rate the intern's performance by checking the appropriate box:

	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	GOOD	EXCELLENT	TRULY EXCEPTIONAL
1. Maintained contact with supervisor.						
2. Punctual for work and appointments.						
3. Completed assignments on or before due date.						
4. Reliably performed all job assignments.						
5. Achieved goals and objectives in contract.						
6. Ability to solve problems.						
7. Productive in work.						
8. Organization skills.						
9. Oral communication skills.						
10. Written communication skills.						
11. Ability to work independently.						
12. Willingness to learn new tasks.						
13. Ability to work well with co-workers.						
14. Ability to work well with clients, public.						

	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	GOOD	EXCELLENT	TRULY EXCEPTIONAL
15. Eagerness to learn.						
16. Enthusiasm for work.						
17. Initiative, persistence.						
18. Productivity.						
19. Compliance with agency procedures.						
20. Overall assessment of work quality.						
21. Maturity.						
22. Ability to accept constructive criticism.						
23. Open-mindedness.						
24. Courtesy, tact, and consideration for feelings of others.						
25. Professional appearance.						

B. OVERALL RECOMMENDATION

Taking into consideration all factors, whether rated above or not, what is your overall evaluation of this intern? (Circle one)

POOR    FAIR    GOOD    EXCELLENT    TRULY EXCEPTIONAL

C. Did the intern complete the required minimum of 100 hours of work?

\_\_\_\_ Yes    \_\_\_\_ No

D. COMMENTS:

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- E. Would you be interested in having interns in the future? \_\_\_\_ Yes \_\_\_\_ No  
If yes, how many interns could you supervise at one time? \_\_\_\_\_

Thank you for your support of this internship program.

\_\_\_\_\_  
Date Signature and Title of Agency Supervisor

**PLEASE RETURN COMPLETED FORM AS SOON AS POSSIBLE TO THE STUDENT'S FACULTY SUPERVISOR at the address below. The student cannot receive a grade until this form is returned:**

**(FACULTY SUPERVISOR'S NAME)  
POLITICAL SCIENCE DEPT., CB #3265  
HAMILTON HALL, UNC-CH  
CHAPEL HILL, NC 27599-3265**