

J-1 Student Intern Evaluation Form

The required evaluation must be completed prior to the conclusion of the student internship program. The student intern and the immediate supervisor must sign the evaluation form. Please submit the complete form to ISSSO.

Student Intern Name: _____ PS ID: _____

Professor/Supervisor Name: _____ UHDepartment: _____

To be completed by the Professor/Supervisor Rate student intern in each performance category E = EXCEPTIONAL; S = SATISFACTORY; I = IMPROVEMENT RECOMMENDED; U = UNSATISFACTORY				
Performance Factors	E	S	I	U
Overall Performance How did the student intern performance compare to the goals and objectives stated in the Training/Internship Placement Plan (TIPP)?				
Skills and Techniques Rate the Intern's ability to demonstrate skills and techniques identified in the TIPP at the end of the program				
Terminology and Concepts Rate the intern's grasp of the terminology and concepts specific to the intern activity				
Quality Consider accuracy, comprehensiveness and orderliness of work compared to the expectations for an intern.				
Initiative Consider the ability to be a self-starter and work independently.				
Problem Solving/Decision Making Consider the ability to identify, analyze and solve problems, suggest viable alternatives and analyze impact of decisions before executing them.				
Punctuality Consider adherence to the work schedule and promptness in notifying supervisor of absence.				
Planning and Organizational Skills Consider the ability to establish priorities, maintain schedules and manage time effectively.				
Add your additional comments here: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

Professor/Supervisor signature: _____ Date: _____

Student Intern Signature: _____ Date: _____