

**UNIVERSITY OF RHODE ISLAND  
DEPARTMENT OF KINESIOLOGY  
210 FLAGG ROAD, 109  
KINGSTON, RHODE ISLAND 02881-0810  
PHONE NUMBER: 401-874-5438  
FAX NUMBER: 401-874-4215**

**Date:** \_\_\_\_\_

**To:** Internship Supervisors

**Subject:** Mid-Semester Evaluation

**Student:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**Placement Site:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

Please complete, sign and return this mid-term evaluation form. The date to be announced in syllabus and will be stated to you by the student. Please elaborate where appropriate. Also, it would be helpful to your intern to meet with you and review this evaluation. Please have the student sign in the designated space on the second page. Thank you.

1. Do you have a copy of the Agency Acceptance Form? Yes\_\_\_ No\_\_\_

2. Is the intern accomplishing her/his goals & objectives? Yes\_\_\_ No\_\_\_  
Please elaborate:

3. Has your agency/office been able to provide professional opportunities for the student? Yes\_\_\_ No\_\_\_

4. Is the student meeting his/her expectations? Yes\_\_\_ No\_\_\_  
If no, please elaborate:

5. How often do you meet with the intern? \_\_\_\_\_

6. Does the intern maintain a 34 hour (fall/spring) 40 hour (summer) per week schedule? If no, please explain:

8. Do you see any need to make adjustments to the internship at this time? Yes\_\_\_ No\_\_\_  
If yes, please call the KIN 484 Director at 401-874-5438.

9. Is a visit/telephone conference by Internship Staff necessary at this time? Yes\_\_\_ No\_\_\_  
If yes, please call the KIN 484 Director at 401-874-5438.

Supervisor's name (printed)\_\_\_\_\_

Supervisor's Signature:\_\_\_\_\_Date:\_\_\_\_\_

Student's Signature:\_\_\_\_\_Date:\_\_\_\_\_

\*The student should provide the supervisor with the mid-semester evaluation form and both supervisor and intern are to sign it. The intern will hand deliver a copy of this completed form to the internship supervisor.

Thank you