

UNIVERSITY OF RHODE ISLAND

DEPARTMENT OF KINESIOLOGY

SUPERVISOR'S FINAL EVALUATION OF INTERNSHIP PLACEMENT

STUDENT: _____

SUPERVISOR: _____

PLACEMENT: _____

DIRECTIONS: Please rate your intern's performance on all criteria given below. Rate them as if you were giving feedback to a new employee, keeping in mind that this is a student intern who may have worked under some restricting conditions.

When complete, please sign this form and return it to your student intern. Please use this space on right to explain any rating necessary. We highly encourage our supervisors to review this form with their interns.

If you are unable to return the evaluation via you intern(s), please return it to the office by the second to the last week of the semester.

FAX OR MAIL TO:

University of Rhode Island
Department of Kinesiology
Internship Director
210 Flagg Road, 109
Kingston, Rhode Island 02881-0810
Phone Number: 401-874-5438
Fax Number: 401-874-4215

Thank You,

Heinrich Doll, Ms
Internship Director/Faculty

- CODES:**
- 0 = NO KNOWLEDGE OR NOT APPLICABLE**
 - 1 = POOR**
 - 2 = BELOW EXPECTATIONS**
 - 3 = ACCEPTABLE**
 - 4 = ABOVE EXPECTATIONS**
 - 5 = EXCELLENT**

RATING:	WORK HABITS & ATTITUDES OF SELF	COMMENTS
0 1 2 3 4 5	Is punctual and dependable	_____
0 1 2 3 4 5	Dresses neatly and appropriately	_____
0 1 2 3 4 5	Has a pleasant, positive demeanor	_____
0 1 2 3 4 5	Is self-reliant (as appropriate)	_____
0 1 2 3 4 5	Looks for new responsibilities, takes initiative	_____
0 1 2 3 4 5	Demonstrates active desire to learn from & contribute to placement organizations	_____
0 1 2 3 4 5	Has an open mind, doesn't rush judgment	_____
0 1 2 3 4 5	Accepts & makes positive use of feedback	_____
0 1 2 3 4 5	Understands & accepts necessity of some dull or repetitive tasks	_____
0 1 2 3 4 5	Demonstrates problem solving orientation	_____
0 1 2 3 4 5	Willing to accept new challenges	_____
0 1 2 3 4 5	Is cooperative, flexible & adaptive	_____
0 1 2 3 4 5	Sought understanding of agency & established a working relationship with staff	_____
0 1 2 3 4 5	Asked questions to clarify assignments/ understanding of organization, etc	_____
0 1 2 3 4 5	If applicable, has the student demonstrated computer knowledge & an interest in learning new skills	_____

RATING:	SKILLS IN TASK PERFORMANCE	COMMENTS
0 1 2 3 4 5	Completes assigned tasks	_____
0 1 2 3 4 5	Attends to details	_____
0 1 2 3 4 5	Manages time & energy well	_____
0 1 2 3 4 5	Meets deadlines	_____
0 1 2 3 4 5	Understands & follows instructions	_____
0 1 2 3 4 5	Shows judgment about when to seek further guidance & when to be self reliant	_____
0 1 2 3 4 5	Demonstrates specific skills necessary to the job, research, observation, recording graphic skills	_____
0 1 2 3 4 5	Demonstrates ability to write clearly & effectively	_____

RATING:	SKILLS IN HUMAN RELATIONS	COMMENTS
0 1 2 3 4 5	Is sensitive to the need of others	_____
0 1 2 3 4 5	Is a good listener, attentive	_____
0 1 2 3 4 5	Copes well w/ expected problems	_____
0 1 2 3 4 5	Demonstrates tact	_____
0 1 2 3 4 5	Asserts own views & concerns effect.	_____
0 1 2 3 4 5	Has a tolerance for ambiguity	_____

**Adapted from Stanton, T. & Ali, K. The Experienced Hand, Carroll Press, Cranston.*

1. How often did you meet with the student?

2. Did you provide regular feedback to the student intern during the semester? If so, how often?

3. Did the intern fulfill her/his time & task commitments? Did the student ever not report to work? Did the intern make up this time?

4. What would you consider this student's primary strength?

5. What would you consider has been the student's major contribution to your organization?

6. Did the student intern demonstrate the ability to work as a contributing team member? Please elaborate.

7. What do you feel this student could have used more of, or less of, in order to make the internship a better experience?

8. In your opinion, how well was this placement suited to the student's abilities & interests?

9. Is there anything about your role as an intern supervisor that you would like our staff to discuss with you? Was this a satisfactory experience for you?

10. Do you have any suggestions for the Department of Kinesiology?

*From time to time, students request a copy of their evaluation. Do you approve reproducing a copy of this form under their request?

YES _____

No _____

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

*The student should supply the supervisor with a stamped envelope addressed to the KIN 484 Director in which the supervisor is to send a copy of this completed form.

Thank You