

# Intern Evaluation Form



Intern Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Date Internship Started \_\_\_\_\_

Date Internship Ended/Will End \_\_\_\_\_

Approximate Number of Hours Worked \_\_\_\_\_

## Evaluation of **personal qualities** of the intern

Please select *one* evaluation level for each area

	Excellent	Good	Average	Poor	NA
Ability to adapt to a variety of tasks					
Decision-making, judgment, setting priorities					
Reliability and dependability					
Enthusiasm for the experience					
Attention to accuracy and detail					
Willingness to ask for and use guidance					
Ability to cope in stressful situations					

## Evaluation of **professional qualities** of the intern observed

Please select *one* evaluation level for each area

	Excellent	Good	Average	Poor	NA
Ability to communicate effectively					
Analysis skills; application of critical thinking skills					
Knowledge of key public policy issues in relation to your organization					
Ability to analyze and evaluate research					
Application and demonstration of quantitative skills					
Ability to create and communicate possible solutions to problems					
Professionalism					
Ability to plan with and work cooperatively with others					

Would you hire this student again?      Yes      No

What else should we know about this student's performance?

This evaluation will be kept confidential (not shared with the student)

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

WHEN COMPLETE, PLEASE SEND THIS FORM DIRECTLY TO Debbie Sheanin at [DSHEANIN@DU.EDU](mailto:DSHEANIN@DU.EDU) OR:  
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