

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**  
**EMPLOYER'S EVALUATION OF THE STUDENT**  
**Mid-Term Evaluation**

PET 4946  
Internship  
Forms

Directions: Please make every attempt to evaluate the STUDENT as objectively as possible. Compare this individual with other interns or Internship of similar academic status and/or employees having similar responsibilities.

Student Name: \_\_\_\_\_ Site Director: \_\_\_\_\_  
Internship Site: \_\_\_\_\_  
Employer Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 = ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.**

Attribute: \_\_\_\_\_ Rating: (Please Circle)

A. Relationship with others	1	2	3	4	5
B. Judgment	1	2	3	4	5
C. Dependability	1	2	3	4	5
D. Ability to grasp new information	1	2	3	4	5
E. Attitude towards work assignments	1	2	3	4	5
F. Quality of work	1	2	3	4	5
G. Work Performance	1	2	3	4	5
H. Time Management	1	2	3	4	5
I. Communication Skills (Written & Oral)	1	2	3	4	5
J. Critical Thinking Skills	1	2	3	4	5
K. Overall Rating	1	2	3	4	5

**POINT TOTAL: \_\_\_\_\_ POINTS OUT OF 55**

**WHAT DO YOU SEE AS THE STUDENT'S MAJOR STRENGTHS?**

**WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?**

Additional comments:

Page 2, Employer's Evaluation of Student

Did you discuss this evaluation with the student? Yes No

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Director

\_\_\_\_\_  
Date

CONFIRMED BY FAU FACULTY ADVISOR:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM AT THE TIME OF MID-TERM OF THE PRACTICAL EXPERIENCE  
TO:**

**ATTN: Dr. Michael Whitehurst  
Department of Exercise Science and Health Promotion  
Internship Experience  
Florida Atlantic University  
Fieldhouse 11A, Room 124  
777 Glades Road  
Boca Raton, Fl 33431**

If you have any questions, please call **Dr. Michael Whitehurst** at **561.297.2317**, or **(561) 302-2674**. This form may also be FAXED: FAX NUMBER: **561.297.2839**.

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**  
**EMPLOYER'S EVALUATION OF THE STUDENT**

**Final Evaluation**

Directions: Please make every attempt to evaluate the STUDENT as objectively as possible. Compare this individual with other interns or Internship experience of similar academic status and/or employees having similar responsibilities.

Student Name: \_\_\_\_\_ Site Director: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Employer Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 = ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.**

Attribute: _____	Rating: (Please Circle) _____				
A. Relationship with others	1	2	3	4	5
B. Judgment	1	2	3	4	5
C. Dependability	1	2	3	4	5
D. Ability to grasp new information	1	2	3	4	5
E. Attitude	1	2	3	4	5
F. Quality of work	1	2	3	4	5
G. Work Performance	1	2	3	4	5
H. Time Management	1	2	3	4	5
I. Communication Skills (Written & Oral)	1	2	3	4	5
J. Critical Thinking Skills	1	2	3	4	5
K. Overall Rating	1	2	3	4	5

**POINT TOTAL: \_\_\_\_\_ POINTS OUT OF 55**

**WHAT DO YOU SEE AS THE STUDENT'S MAJOR STRENGTHS?**

**WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?**

Did you discuss this evaluation with the student? Yes No

\_\_\_\_\_  
Signature of Site Director Date

\_\_\_\_\_  
Signature of Student Date

**Circle your answers, please.**

1) If a position were available, would you hire a graduate from our ESHP program at FAU? Yes No

2) How educationally prepared are the students from our ESHP program at FAU?  
Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

3) How well prepared are the students from our ESHP program at FAU in their hands-on skills?  
Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

3a) What other specific skills or knowledge would help our students be better prepared to be in your facility?

4) What best describes your type of facility?

- |               |                      |                    |
|---------------|----------------------|--------------------|
| A) Corporate  | D) Spa/Resort        | G) Health Agency   |
| B) Commercial | E) Recreation        | H) Wellness Center |
| C) Hospital   | f) personal training | I) Research        |

5) How many FAU students have done internships, Internships or held employment at your facility over the last three years?

- A) 0      B) 1-2      C) 3-5      D) 6-10      E) More than 10

6) Other Comments:

**PLEASE RETURN THIS FORM ONE WEEK PRIOR TO COMPLETION OF THE INTERNSHIP EXPERIENCE TO:**

**ATTN: Dr. Michael Whitehurst  
Department of Exercise Science and Health Promotion  
Internship Experience  
Florida Atlantic University  
Fieldhouse 11A, Room 124  
777 Glades Road  
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