

Supervisor Internship Evaluation Form

To be **completed by Internship Supervisors** and submitted directly to erin.lieuallen@oregonstate.edu, the CEOAS Experiential Learning Coordinator. This evaluation will influence the student's Pass/No Pass credit grade and must be submitted before a grade is issued. Please contact Erin Lieuallen at (541) 737-1267or erin.lieuallen@oregonstate.edu if you have any questions or concerns. **Thank you for your feedback!**

Stı	Student Information Last Name:			First Name:			
Int	ernship Host Organiz	zation:					
Na	me and Title of Supe	rvisor:					
Supervisor Email:					Phone Number:		
Int	ternship Evaluation	า					
Ар	proximately how ma	ny total hours	did the student work?	Sugge	ested Grade (Pass/No	Pass)	
Ple	ease rate the followin	ng questions re	egarding the student's p	erformance in this interns	ship.		
1.	Student conducted Excellent	l him/herself i Good	n a professional manner Satisfactory	r. Needs Improvement	Unsatisfactory	N/A – unable to rate	
2.	Student was engag Excellent		to learn new skills. Satisfactory	Needs Improvement	Unsatisfactory	N/A – unable to rate	
3.	Student effectively Excellent	worked with Good	other people. Satisfactory	Needs Improvement	Unsatisfactory	N/A – unable to rate	
4.	Please rate the stu Excellent	dent's oral co Good	mmunication skills. Satisfactory	Needs Improvement	Unsatisfactory	N/A – unable to rate	
5.	Please rate the stu Excellent	dent's written Good	communication skills. Satisfactory	Needs Improvement	Unsatisfactory	N/A – unable to rate	
In 1	the space provided,	please briefly	describe the work perfo	rmed by the student and	any other additional	comments you may have.	