

California State University, Fullerton, Psychology Department

Evaluation of Student Intern

Name of Student: _____ Semester/Year: _____
Internship Site: _____ Supervisor Name: _____
Instructor: _____ Instructor Email: _____

To the Site Supervisor: Thank you for taking the time to complete the evaluation below (we ask for one evaluation at the midpoint and another at the end of the internship). Please share your evaluations with your intern. **The evaluations will count for 10% of the overall course grade so it is essential that we receive them before the end of the term.**

After filling out the form, return it to your intern and discuss their scores. Your intern will then submit the form to Canvas.

Please assess how well your student intern performed on the variables below by circling the number that best characterizes their work over the past several weeks:

	Below Average		Average		Above Average	
1. Dependability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
2. Professional demeanor with colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
3. Professional demeanor with clients/participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
4. Adheres to the applicable ethical and legal guidelines of the site	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
5. Capacity to reflect on performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
6. Responsive to feedback from the supervisor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
7. Responsive to feedback from clients/participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
8. Overall growth during internship	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>

Please make comments about the student's performance as an intern:

I verify that the intern has completed _____ hours by this date.

Supervisor Signature _____ Date _____

Student Signature _____ Date _____

Field Work Instructor _____ Date _____