

DEPARTMENT OF CRIMINOLOGY AND CRIMINAL JUSTICE
UNIVERSITY OF MARYLAND
2220 LEFRAK HALL
COLLEGE PARK, MARYLAND 20742
Attn: Dr. Sally S. Simpson
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SUPERVISOR'S EVALUATION OF INTERN

Name of Student Intern _____

Name of Evaluating Supervisor _____

Name of Agency _____

Semester _____ 20 ____

1) WHAT TYPE OF WORK HAS THE INTERN DONE?

2) HAS THE INTERN BEEN RELIABLE (SHOWN UP ON TIME, COMPLETED TASKS PROPERLY, ETC.) AND BEEN A GENERAL ASSET TO YOUR AGENCY?

3) HOW WOULD YOU CHARACTERIZE HIS/HER ATTITUDE?

4) WHAT ARE THE INTERN'S STRONGEST ATTRIBUTES?

5) IN WHAT AREAS WOULD THE INTERN BENEFIT MOST FROM IMPROVEMENT?

6) PLEASE PROVIDE ANY OTHER RELEVANT COMMENTS ABOUT THE INTERN.

7) BASED ON THE INTERN'S **ON-SITE JOB PERFORMANCE**, PLACE A CHECK BESIDE THE MOST APPROPRIATE DESCRIPTION OF HIS/HER OVERALL PERFORMANCE.

_____ COMPLETED **ALL** THAT WAS REQUIRED ON TIME AND WITH MINIMAL PROBLEMS

_____ COMPLETED **MOST** OF WHAT WAS REQUIRED ON TIME AND WITH MINIMAL PROBLEMS

_____ COMPLETED **ONLY SOME** OF WHAT WAS REQUIRED ON TIME AND WITH MINIMAL PROBLEMS

_____ CREATED MANY PROBLEMS FOR OUR AGENCY. PLEASE EXPLAIN, USING ADDITIONAL PAPER IF NECESSARY. _____

_____ INTERN WAS UNABLE TO SUFFICIENTLY COMPLETE ANY OF THE ASSIGNED TASKS. PLEASE EXPLAIN USING ADDITIONAL PAPER IF NECESSARY. _____

Signature of Supervisor_____

Date_____

