Appendix II-SNT 489

Off-Campus Supervisor Checklist for SNT 489

On-Campus Supervisor Name________________________
Off-Campus Supervisor Name________________________
Internship Location_________________________________
Student Name____________________________________
Date______________________________________________
Contact # _____of 2 (or 3)

1. How is the student's attendance? ___________________________________________
                                                                                   .

2. Does the student follow directions well?____________________________________
                                                                                   .

3. Is the student meeting your expectations? __________________________________
                                                                                   ___________________________________.

4. Does the student work well independently?________________________________
                                                                                   ___________________________________.

5. Does the student work well in group-situations? ___________________________
                                                                                   ___________________________________.

6. Is the student meeting deadlines appropriately? ____________________________
                                                                                   ___________________________________.

7. Does the student demonstrate adaptability/creativity/flexibility? _____________
                                                                                   ___________________________________.

8. Are the student's communications skills acceptable?__________________________
                                                                                   ___________________________________.

9. Other comments___________________________________________________________
                                                                                   ___________________________________.