SUPERVISOR: Evaluations should be signed by the supervisor and reviewed with intern. Your responses on this evaluation will be considered in calculating the final grade of this intern. Circling "yes" or leaving the following statement blank will allow your evaluation to be shared with the intern.

I hereby give permission to share this evaluation with intern named below: Yes No

Supervisor Name (Print), Title and Organization:

______________________________________________________________

Supervisor Signature and Date:

______________________________________________________________

Intern Name:

______________________________________________________________

Intern Signature and Date:

______________________________________________________________

(Optional if Report II not discussed with intern)

Did intern complete the agreed upon number of hours of service (circle one)? Yes No

Number of days intern was absent from internship: Excused: _________ Un-excused: _________

Comments:

Did the intern set goals / objectives with you (circle one)? Yes No

If yes, please list the goals / objectives:
If goals / objectives were set, do you feel they were met during the internship? How?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**JOB PERFORMANCE FACTORS**

Please check the appropriate box that best describes student performance. Provide comments to provide detailed descriptions of student performance in specific area.
1 = Exceeds Expectations / 2 = Meets Expectations / 3 = Does Not Meet Expectations / 4 = Unsatisfactory

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<tr>
<th>FACTOR/DEFINITION OF A FACTOR</th>
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<tr>
<td><strong>JOB KNOWLEDGE</strong>: Understanding of job duties and requirements</td>
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<td><strong>ACCOMPLISHMENT</strong>: Amount of work produced; nature of results or objectives achieved:</td>
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<td><strong>QUALITY</strong>: Accuracy and thoroughness; adherence to instruction, policies, etc. Views work in terms of its overall correctness and excellence.</td>
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<td><strong>INITIATIVE</strong>: Self starting ability; resourcefulness and creativity as applied to job duties; decision-making ability</td>
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<td><strong>DEPENDABILITY</strong>: Meeting schedules and deadlines; punctuality; attendance.</td>
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<td><strong>ORGANIZATION</strong>: Effective planning and scheduling of work, good use of time.</td>
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<td>Comments:</td>
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</table>
**ATTITUDE:** Enthusiasm, loyalty, willingness to perform work, integrity, and adaptability.
Comments:

**FACTOR/DEFINITION OF A FACTOR**

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**WORKING RELATIONSHIPS:** Kind, scope and depth of interaction with others.
Comments:

**INTERPERSONAL SKILLS:** Appreciating diversity; Giving, receiving, and learning from feedback; Working with and in a group; Managing conflict
Comments:

**COMMUNICATION SKILLS:** Presenting ideas effectively; Writing skills; Speaking confidently in public; Listening skills
Comments:

**TECHNOLOGICAL SKILLS:** Utilizing technology to solve problems; Evaluating and using technology appropriately and effectively; Accessing, evaluating, and synthesizing informational resources
Comments:

**JOB RELATED SELF IMPROVEMENT:** Attempts to improve performance and obtain additional proficiency; Development of skills and overall competency
Comments:

**OVERALL PERFORMANCE:** Please select the appropriate box which, on an overall basis considering all relative factors, most closely reflects the performance of this student relative to internship objectives and requirements that were decided upon

**OVERALL PERFORMANCE COMMENTS:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
LIST THE STAFF MEMBER'S STRONGEST POINTS RELATIVE TO JOB PERFORMANCE:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

LIST AREAS OF DEVELOPMENT OR SUGGESTIONS FOR IMPROVEMENT:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SUPERVISOR'S SIGNATURE      DATE

Return this form to: _____________________, Natural Science Division, Franklin College, 101 Branigin Blvd., Franklin, IN 46131-2623. Phone: (317)-738-8300, Fax: (317)-738-8310