# STUDENT EVALUATION FORM

Name of Student Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This evaluation should be completed twice during the student’s internship; once at mid-term and a final evaluation at the end. When you have completed this evaluation, please email it to Dr. Stacey Clifton at [saclifton@radford.edu](mailto:saclifton@radford.edu).

Please rate the intern using the following scale:

**0 = insufficient knowledge for a fair rating**

**1 = below average**

**2 = average**

**3 = above average**

**4 = outstanding**

| **Criteria** | **0** | **1** | **2** | **3** | **4** |
| --- | --- | --- | --- | --- | --- |
| Personality |  |  |  |  |  |
| Intellectual Curiosity |  |  |  |  |  |
| Self-esteem, Pride in work |  |  |  |  |  |
| Vigor, Initiative, Energy |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Imagination and/or Insight |  |  |  |  |  |
| Emotional Control, Social Maturity |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Sense of Responsibility |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Cooperation and Helpfulness |  |  |  |  |  |
| Personal Appearance, Appropriateness of Attire |  |  |  |  |  |
| Adaptability to New Ideas |  |  |  |  |  |
| Rapport with Fellow Professionals |  |  |  |  |  |
| Capacity for Clear, Oral Expression |  |  |  |  |  |
| Capacity for Clear, Written Expression |  |  |  |  |  |
| General All-around Ability |  |  |  |  |  |
| Growth Potential |  |  |  |  |  |

Please respond to the questions on the back

# Student Evaluation Form

1. What is your evaluation of the student’s motivation and their potential in future professional work?
2. Please add any other comments you think might be relevant in evaluating this student.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_