

On Campus Design Internship EVALUATION

(to be completed by on-site supervisor)

ART &
DESIGN
DEPARTMENT
Winona State

Student information

Last Name _____
First Name _____
Semester: Fall ____ Spring ____ Summer ____
Year: _____

On-Site Supervisor information

Last Name _____
First Name _____
Title _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
E-Mail _____

Please rate the intern on a scale of one to five for each of the statements below. A rating of one is low, indicating that the student did very poorly. A rating of five is high, indicating that the student did very well. A rating of three is average.

- | | | | | | |
|---|---|---|---|---|---|
| 1) The student appeared to make an honest effort to perform. | 1 | 2 | 3 | 4 | 5 |
| 2) The student appeared interested and was responsive to supervision. | 1 | 2 | 3 | 4 | 5 |
| 3) The student was punctual and reliable. | 1 | 2 | 3 | 4 | 5 |
| 4) The student satisfactorily performed assigned duties. | 1 | 2 | 3 | 4 | 5 |
| 5) The student complied with the organization's rules and procedures. | 1 | 2 | 3 | 4 | 5 |
| 6) The student worked at least _____ hours during the internship. | 1 | 2 | 3 | 4 | 5 |

Off Campus
Design **Internship**
EVALUATION

ART &
DESIGN
DEPARTMENT
Winona State

In what areas did the student demonstrate special strengths?

In what ways did the student need additional work?

Please make any additional comments you desire concerning the student's preparation, performance, and attitude on this page or on a separate sheet.

Is your organization interested in other interns from Winona State University in the future? Yes No

Signature _____

Date _____

Thank you. When complete, please return this form to:
Internship Coordinator
Art Department, Watkins 204
Winona State University
Winona, MN 55987-5838