

**Department of Communication
1 University Drive
Western Carolina University
Cullowhee, NC 28723**

EMPLOYER'S MIDTERM EVALUATION

This report should be filled out by the student's direct supervisor and sent to the faculty member overseeing the student's internship. The supervisor's rating will be used to evaluate the student's internship performance for academic credit. As part of the student's professional development, we encourage you to discuss this evaluation with him/her.

Name of Intern Student: _____

Intern Employer: _____

Intern Term: (Check One) _____ Fall _____ Spring _____ Summer _____
YEAR

Performance Description Codes

- | | |
|--------------------------------|--|
| 1. Outstanding | Student <u>far exceeds</u> standards in this area |
| 2. Highly Effective | Student <u>exceeds</u> standards in this area |
| 3. Good, Competent Performance | Student <u>meets</u> overall standards for this area |
| 4. Needs Some Improvement | Student <u>needs improvement</u> to meet standards in this area |
| 5. Needs Much Improvement | Student <u>needs much improvement</u> to meet standards in this area |
| NA Not Applicable | <u>Not applicable</u> in this area |

Circle the description that best matches your judgment of the employee's performance in the specific areas listed below.

SPECIFIC AREAS FOR EVALUATION

PERFORMANCE DESCRIPTION

I. Performance of Skill Areas

	Outstanding			Needs Improvement		
Organizing & Planning Assigned Tasks	1	2	3	4	5	NA
Ability to Learn	1	2	3	4	5	NA
Ability to Analyze & Resolve Problems	1	2	3	4	5	NA
Ability to Handle Tasks Under Pressure	1	2	3	4	5	NA
Quality of Completed Projects	1	2	3	4	5	NA
Academic Preparation	1	2	3	4	5	NA
Written Communication	1	2	3	4	5	NA
Oral Communication	1	2	3	4	5	NA

II. Behavioral Characteristics

Initiative	1	2	3	4	5	NA
Attitude Toward Assigned Projects	1	2	3	4	5	NA
Accepting Responsibility	1	2	3	4	5	NA
Sensitivity to Problems	1	2	3	4	5	NA
Reaction to Supervisor	1	2	3	4	5	NA
Relationship with Co-workers	1	2	3	4	5	NA
Flexibility (adjusting to non-routine tasks)	1	2	3	4	5	NA
Development of Subordinates	1	2	3	4	5	NA

III. Internship Habits

Attendance	1	2	3	4	5	NA
Punctuality	1	2	3	4	5	NA
Appearance	1	2	3	4	5	NA
Accuracy	1	2	3	4	5	NA
Thoroughness	1	2	3	4	5	NA
Keeps Constructively Busy	1	2	3	4	5	NA

If a 4 or a 5 is indicated in any area, please note plans for improvement below

<u>Areas of Improvement</u>	<u>Plan for Action for Improvement</u>
1. _____ _____	1. _____ _____
2. _____ _____	2. _____ _____
3. _____ _____	3. _____ _____
4. _____ _____	4. _____ _____

If counseling is needed by the Intern staff or the student's faculty advisor, please indicate in this section the need as you see it; or use this section for any comment you might like to make.

This report has been discussed with the student: _____ Yes _____ No

The Internship Education Staff has permission to discuss this report with the student: ____ Yes ____ No

Evaluator (direct supervisor)

Evaluator's Title

Personnel Officer or Manager

Student's Signature (Signature indicates ONLY that the student has seen the report)