POLITICAL SCIENCE INTERNSHIP
PSC 2987 Internship Supervisor Evaluation

Please note: In order for the student to receive credit for his/her internship, this evaluation must be returned to me by the last day of classes for the semester. Please mail, fax or email the completed form. For fall semester 2013, the last day of classes is Saturday, December 7, 2013.

Student Name: ______________________________________________________________

Name of Organization: ________________________________________________________

Supervisor Name: ___________________________ Phone: __________________

Internship Start Date: ______________________ Internship End Date: ________________

Total Number of Hours Worked: _________________

On a scale from 1 (poor) to 5 (excellent), please evaluate the student’s performance during the internship with respect to the following criteria:

1. Dependability _____ 5. Works Effectively with Others ______
   (Comments)        (Comments)

2. Work Ethic ______ 6. Quantity of Work Produced ______
   (Comments)        (Comments)

3. Attendance / Punctuality ______ 7. Quality of Work Produced ______
   (Comments)        (Comments)

4. Usefulness to the Organization _____ 8. Level of Initiative ______
   (Comments)        (Comments)

9. Please identify a specific project or situation for which the intern was responsible and comment on his/her performance.

10. Please list an overall recommendation(s) for improvement in the student’s performance.
11. From your perspective, was the student’s internship a good learning experience for him/her? Yes _____ No_____ (Why?)

12. Do you feel that it is appropriate for the student to earn academic credit based on his/her performance? Yes _____ No_____ (Why?)

13. Overall, was the student’s performance satisfactory? Yes _____ No_____ (Why?)

14. Additional Comments or Observations:

15. Have you discussed this evaluation with your student? Yes _____ No_____ (Do you want this evaluation to be confidential? Yes___ No___)

16. Would you be interested in having another GW intern work for you? (Yes___ No___)

________________________________________  __________________________
Signature of Internship Supervisor    Date

Please return this form to:

Professor Susan Wiley
Department of Political Science
2115 G Street, NW Suite 440
Washington, DC  20052

(202) 994-8244
FAX (202) 994 -1974
Email wiley@gwu.edu