



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

Agency: \_\_\_\_\_

Please evaluate your intern's Special Project in the following areas by circling your response. If you rate any item lower than a three (3), please provide written comments on suggested changes.

SCALE: 1 = inadequate 2 = needs improvement 3 = average 4 = Good 5 = Outstanding

	1	2	3	4	5
Did the student's Special Project fill a need for the Agency?					
Did the student deliver the Project as it was agreed upon?					
The student demonstrated leadership during the project.					
The student was well prepared to carry out the Special Project.					

Comments or concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_