

**INTERNSHIP SUPERVISOR’S EVALUATION**

Term:  Winter  Spring/Summer  Fall Year: Choose Year

Student’s Name: Click here to enter Student’s Name. Date: Click to select a date.

Church or Organization: Click here to enter Church or Organization.

Student Position: Click here to enter Student Position.

Supervisor’s Name: Click here to enter Supervisor’s Name.

Start Date of Internship Program: Click to enter a date.

**1. Describe the responsibilities of the student this semester:**

Click here to enter text.

Please rank this student by circling the number representative of your honest evaluation of his/her performance this semester. 5=Excellent, 4=Good,

3=Acceptable, 2=Fair, 1=Unsatisfactory, NA=Not Applicable.

**2. Personal work habits:**

|  |  |
| --- | --- |
| Punctuality | Choose one. |
| Keeping appointments | Choose one. |
| Handles absences responsibly | Choose one. |
| Preparation for assignments | Choose one. |
| Personal appearance | Choose one. |
| Flexibility | Choose one. |
| Goes beyond minimal requirements | Choose one. |

**Remarks:**

Click here to enter text.

**3**. **Relation to church or agency:**

|  |  |
| --- | --- |
| Accepts limits of setting | Choose one. |
| Meets agency obligations | Choose one. |
| Understands agency goals and objectives | Choose one. |
| Committed to its goals and objectives | Choose one. |
| Follows proper Channels in functioning | Choose one. |

**Remarks**:

Click here to enter text.

**4. Relationships with people:**

|  |  |
| --- | --- |
| Able to relate with warmth and interest | Choose one. |
| Works comfortably with staff | Choose one. |
| Relates to individuals on a one-to-one basis | Choose one. |
| Relates to individuals in a group | Choose one. |
| Relates to group as a whole | Choose one. |
| Relates well to community people | Choose one. |
| Honest in feelings toward others | Choose one. |
| Assumes responsibility for his/her part in relationship | Choose one. |

**Remarks:**

Click here to enter text.

**5. Functioning within expected role:**

|  |  |
| --- | --- |
| Exercises initiative in fulfilling assignments | Choose one. |
| Protects confidentiality | Choose one. |
| Demonstrates ability to integrate classroom theory with field assignment | Choose one. |
| Aware of community resources | Choose one. |
| Utilizes community resources | Choose one. |
| Understands role as helping (enabling) individuals | Choose one. |
| Understands program as a part of Christian ministry | Choose one. |
| Is creative in completion of tasks | Choose one. |
| Is a good leader | Choose one. |

**Remarks:**

Click here to enter text.

**6. Supervisory relationship:**

|  |  |
| --- | --- |
| Understands the process of supervision | Choose one. |
| Assumes responsibility for participation in conference | Choose one. |
| Submits records when required | Choose one. |
| Evaluates supervisor’s suggestions before acting upon them | Choose one. |

How often have you met with the student? Click here to enter text.

**Remarks:**

Click here to enter text.

**7**. **Evaluation of Student’s performance** Choose one.

5=Excellent, 4=Good, 3=Acceptable, 2=Fair, 1=Unsatisfactory

**8. Grade**: CR (Credit) NC (No Credit)

Supervisor’s Signature:

Position: Click or tap here to enter Position.

Date: Click to select a date.

Student’s Signature: I have reviewed this form.

Date: Click to select a date.

Adapted from “the Ministry of Supervision” by Doran McCarty. Used by Permission.