

Randolph College Experiential Learning Center

Experiential Learning Performance Evaluation Form

(To be completed by the On-Site Supervisor at the conclusion of the Intern's work term.)

Return to: Faculty Sponsor (Name on Contract)
Randolph College
2500 Rivermont Avenue
Lynchburg, Virginia 24503

Intern's Name: _____

Intern's Job Title: _____

On-Site Supervisor's Name: _____

Business: _____

Address: _____

Intern Performance Rating

5 = Excellent 4 = Good 3 = Fair 2 = Unsatisfactory 1 = Not Applicable

Circle appropriate numerical rating:

Cooperation with Colleagues	5	4	3	2	1	Punctuality	5	4	3	2	1
Adaptability	5	4	3	2	1	Leadership	5	4	3	2	1
Organizational Skill	5	4	3	2	1	Dependability	5	4	3	2	1
Communication Skills	5	4	3	2	1	Motivation	5	4	3	2	1
Comprehension of Assignments	5	4	3	2	1	Relationship					
Initiative	5	4	3	2	1	with Clients	5	4	3	2	1
Independence	5	4	3	2	1	Understanding					
Creativity	5	4	3	2	1	of Organization	5	4	3	2	1

1. How much of the intern's time on the job was under your direct supervision?

2. Did the student meet the terms of the project ?

3. Please comment on the student's strengths and weaknesses.

4. Comments on the intern's general performance and her potential for professional employment in the field. Please specify any relevant skills which the intern possesses. Also note areas where improvement is needed.

5. Additional comments about the intern or suggestions concerning the overall Experiential Learning Program at Randolph College.

Please check one of the following statements:

I have shared this completed evaluation form with the student intern.

I have not shared this form with the intern but do not mind if the Faculty Sponsor does so.

I prefer not to have the written comments on this form shared with the student intern.

Supervisor's Signature : _____ **Date:** _____