

777 Glades Road Boca Raton, FL 33431 tel: 561-297-3850

fax: 561-297-2615 www.fau.edu

MIDTERM SUPERVISOR EVALUATION FORM (EMPLOYER FEEDBACK)

Student's Name				Date _	
Agency					
Agency Supervisor					
Please use the following sysquestion.	tem to evalu	ate the intern	. Circle the	e appropriate ni	umber to answer each
1 = Yes Definitely	2 = Yes	3 = Som	ewhat	4 = No	5 = Definitely Not
1. Is the intern making suffice	cient progres	s in the inter	nship?		
YD	Y	S	N	DN	
1	2	3	4	5	
Comments:					
2. Does the student have su	ıfficient knov	wledge to per	form the ta	asks assigned in	the agency?
YD	Y	S	N	DN	
1	2	3		5	



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Y	'D	Y	S	N	DN	
1		2	3	4	5	
the studen	t mastering	g the work as	signed in the i	nternship?		
Y	'D	Y	S	N	DN	
1		2	3	4	5	
					ing the internship?	
	there been	n any particul Y	lar problems e	ncountered dur	ing the internship?	-



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6.	Have the prob	we the problems been resolved? (Answer if relevant)							
	YD	Y	S	N	DN				
	1	2	3	4	5				
Ple	ease explain.								
7.	What are the	e intern's stren	gths in your vi	ew?					
8.	What are the	e intern's weak	enesses in your	view?					



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9.	Do you have course?	any recommer	ndations for improve	ing the Comm	unication School internship		
10. What is the intern's performance level at midterm (circle appropriate choice)?							
A	(excellent)	B (strong)	C (satisfactory)	D (weak)	F (poor)		

Please scan and email (preferred) or fax this form to:

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