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## Supervisor's Laidig Summer Internship Evaluation

Student's Name: \_\_\_\_\_

Address of Internship Site: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Site Supervisor's Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Internship Dates: Beginning \_\_\_\_\_ End \_\_\_\_\_

The purpose of these questions is to provide a frank evaluation of your summer intern and the work performed over the summer. Information gathered will allow the Community Foundation to evaluate the success and challenges of the program. Please respond to the following questions evaluating your summer intern. If you have more than one intern, please fill out a separate form for each.

Using the following 1-5 scale, please indicate how the student performed during his/her summer internship.

- 1 = Unsatisfactory (Never demonstrates this ability/does not meet expectations)
- 2 = Uncomplimentary (Seldom demonstrates this ability/rarely meets expectations)
- 3 = Fair (Sometimes demonstrates this ability/meets expectations)
- 4 = Commendable (Usually demonstrates this ability/sometimes exceeds expectations)
- 5 = Exceptional (Always demonstrates this ability/consistently exceeds expectations)
- N/A = Not Applicable

### Ability to Learn

- 1. Asks pertinent and purposeful questions \_\_\_\_\_
- 2. Seeks out and utilizes appropriate resources \_\_\_\_\_
- 3. Accepts responsibility for mistakes and learns from experiences \_\_\_\_\_

### Listening & Oral Communication Skills

- 1. Listens to others in an active and attentive manner \_\_\_\_\_
- 2. Effectively participates in meetings or group settings \_\_\_\_\_
- 3. Demonstrates effective verbal communication skills \_\_\_\_\_

### Creative Thinking & Problem Solving Skills

- 1. Breaks down complex tasks/problems into manageable pieces \_\_\_\_\_
- 2. Brainstorms/develops options and ideas \_\_\_\_\_
- 3. Demonstrates an analytical capacity \_\_\_\_\_



- Would you recommend this student for another internship at your organization? Please explain why or why not.

- Additional Comments:

Overall Performance (if I were to rate the intern at the present time)

Unsatisfactory

Satisfactory

Good

Very Good

Outstanding

\_\_\_ I have \_\_\_ I have not discussed this assessment with the intern (please check one).

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

Please forward this completed form to the Community Foundation of St. Joseph County within two weeks of the student's ending internship date to:

**Community Foundation of St. Joseph County**  
c/o Laidig Community Service Scholarship Program  
P.O. Box 837  
South Bend, IN 46624