HIS390
Internship Evaluation Form

Send to: Benjamin Filene, Director of Public History
UNCG Department of History
P.O. Box 26170
Greensboro, NC 27402-6170

Name of Intern: ______________________________________ Date:______________________

Name of Site Supervisor: _________________________________________________________

Institution Name: _______________________________________________________________

Address: ______________________________________________________________________

Email: ___________________________ Phone: ______________________________

Please complete the evaluation, adding any comments in the spaces provided after each question or at the end of this form.

1. Overall Satisfaction
   _____ high _____ medium _____ low

2. Attendance and Punctuality
   Excellent    Acceptable    Poor
   Reliability
   Relationship with Coworkers
   Relationship with Mentor(s)
   Initiative

3. Skill/Knowledge Development...
   with regard to daily tasks
   __________ __________ __________
   with regard to achievement of
   learning objectives (if different
   from above)
   __________ __________ __________

4. a. Have you identified lack of specific skills or knowledge that, in your opinion, a student at
    the intern’s level should have? If so, please describe.

5. b. If answer to question a. is yes, have you discussed this with intern?

5. Do you find the intern open to feedback? Is this consistent or situational?
6. How does the intern handle stress and ambiguity?

7. How does the intern use slack periods of time?

8. Have you increased the intern’s responsibility? Why or why not?

9. Additional comments:

Please write you name and title and add signature below. Thank you.

Supervisor’s name and title: ____________________________________________

Signature: ___________________________________________________________