

## UNCG Concentration in Museum Studies INTERNSHIP EVALUATION FORM

Send to: Dr. Anne Parsons, 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.	Excellent	Acceptable	Poor
Attendance and Punctuality	_____	_____	_____
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.

- 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:

\_\_\_\_\_