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. 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 your name and title and add signature below. Thank you.

Supervisor's name and title: ________________________________

Signature: ____________________________________________