## HISTORY INTERNSHIP PROGRAM STUDENT INTERN EVALUATION

Name of Intern	
I agree to waive my right to see this evaluation.	
I do not agree to waive my right to see this evaluation.	
Signature of Intern	Date:
Name of Supervisor	
Title/Position	
Institution/Museum/Agency	
Phone Number or Email address	
(1) Please evaluate your intern on the items listed below:	
Superior Very Good Average Be	elow Average
Performance on specific assignments	
Motivation	
Initiative	
Reliability	
Flexibility	
Willingness to learn	
Responsiveness to constructive criticism	
Communication Skills Attendance	
Attendance	
(2) Students will receive a letter grade for the course associated w	ith this internship.
That grade will be determined partly upon the amount of hours wo	orked, the quality of
their written work, and the evaluation of their Supervisor. Based	upon the categories
listed above, please circle the following that best applies to the stu	dent.
Superior	
Excellent	
Good	
Average	
Below Expectations	
Unsatisfactory	
(3) Please attach a formal letter of evaluation to this sheet. Use of	fficial letterhead if
possible. One page is sufficient. Please limit comments to two pages	
Signature of Supervisor	

Please return to: William D. Carrigan, Department of History, Rowan University, 201 Mullica Hill Road, Glassboro, NJ 08028. **Your time and effort in evaluating this intern is very much appreciated.**