

**The Centre of Occupational Studies**

**Internship Evaluation Report**

***(to be completed by the Internship Site Supervisor)***

| **Name of Student** |  |
| --- | --- |
| **Occupational A.D. Programme** |  |
| **Period of Internship** |  |
| **Internship Site** |  |
| **Internship Site Supervisor** |  |

The Internship Evaluation Form is designed to show overall internship rating and detail the average rates assigned to each student for competency development in the specific mandated outcomes. Areas detailed in the mandated agreement as well as additional exposure will be detailed on this document. This document must be completed by the Internship Site Supervisor.

**Please observe the below rating scale and assign a proficiency/performance rating to the exposed areas of competencies practiced by the Student-Intern.**

**1 = Unsatisfactory Never demonstrates this ability / does not meet expectations**

**2 = Needs Improvement Seldom demonstrates this ability / rarely meets expectations**

**3 = Fair Sometimes demonstrates this ability / meets expectations**

**4 = Good Usually demonstrates this ability / sometimes exceed expectations 5 = Excellent Always demonstrates this ability / consistently exceeds expectations N/A = Not Applicable Not applicable to this internship experience**

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| **Competencies/ Procedures** | **Start**  **Period/Date** | **Period/Date of Completion** | **Rating** | **Comments** |
| --- | --- | --- | --- | --- |
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| **Competencies/ Procedures** | **Start**  **Period/Date** | **Period/Date of Completion** | **Rating** | **Comments** |
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**Please rate the following aspects of internship using the following scale. The ratings ranges from 1 to 4 are as follows (circle the appropriate number): The intern,**

| **CRITERIA** | **RATINGS** | | | | |
| --- | --- | --- | --- | --- | --- |
| Shows an interest in determining career direction. | 1 | 2 | 3 | 4 | N/A |
| Manages personal expectations consistent with work role. | 1 | 2 | 3 | 4 | N/A |
| Demonstrates an analytical capacity. | 1 | 2 | 3 | 4 | N/A |
| Demonstrates effective verbal communication skills. | 1 | 2 | 3 | 4 | N/A |

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| Demonstrates assertive but appropriate behavior. | 1 | 2 | 3 | 4 | N/A |
| --- | --- | --- | --- | --- | --- |
| Relates to co-workers/team members effectively. | 1 | 2 | 3 | 4 | N/A |
| Interacts effectively and appropriately with supervisor. | 1 | 2 | 3 | 4 | N/A |
| Reports to work as scheduled. | 1 | 2 | 3 | 4 | N/A |
| Works within appropriate authority and decision-making channels. | 1 | 2 | 3 | 4 | N/A |
| Exhibits a positive and constructive attitude. | 1 | 2 | 3 | 4 | N/A |

**Overall Internship Performance**

a) Would you supervise this intern again? Yes No Uncertain If no, please explain.

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b) Would your organization host this intern again? Yes No Uncertain If no, please explain:

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c) Would you recommend this student to other organizations? Yes No Uncertain

If no, please explain:

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d) Overall performance of this intern: Unsatisfactory Poor Average Good Outstanding

e) Additional Comments or Recommendations

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f) \_\_\_ I have \_\_\_ I have not discussed this assessment with the intern.

| **Number of Hours Completed for the Internship Period** |  | |
| --- | --- | --- |
| **Internship Site Supervisor (Signature)** |  | **Date:** |

**\*\*\* Send this completed form to the Internship Coordinator. \*\*\***

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