

La Sierra University
College of Arts and Sciences
Department of Health & Exercise Science

APPENDIX III: EVALUATION FORMS

- A. Intern Evaluation of Internship Site
- B. Evaluations (mid-term & final) to be completed by Site Supervisor
- C. Final Internship Evaluation to be completed by HES Internship Coordinator

**La Sierra University
Department of Health & Exercise Science**

Intern Evaluation of Internship Site
(completed at the end of the internship)

Date: _____

Name of internship site: _____

Name of intern: _____

Name of Site Supervisor: _____

How many hours has the intern completed at said site? _____

Please rate the following based on your perception of the internship site:

5= Very highly adequate 4= Highly adequate 3= Adequate 2= Slightly adequate 1= Unsatisfactory

Site orientation	5	4	3	2	1	NA
Formal training	5	4	3	2	1	NA
Supervision and performance feedback	5	4	3	2	1	NA
Professionalism of internship site	5	4	3	2	1	NA
Opportunity to interact with co-workers/ clients/customers	5	4	3	2	1	NA
Quality of work assigned	5	4	3	2	1	NA
Relevance of academic preparation to work position	5	4	3	2	1	NA
Career/professional knowledge gained	5	4	3	2	1	NA

Please respond to the following questions by handwriting the responses below:

Is there anything about this site that future LSU interns should know? Please explain.

Would you recommend this site to other LSU students? Please explain.

Were you offered a position after the internship/graduation? If yes, part-time or full-time? Did you accept? Why or why not?

Other comments:

I give my permission to place this evaluation on open file in the HES Office to provide information to other students considering internships (circle one):

YES

NO

Student Signature _____

Date _____

**La Sierra University
Department of Health & Exercise Science**

Student Intern Mid-Term Evaluation (Internship Site Supervisor)

Student's name: _____ Date: _____

Internship Site: _____ Internship Site Supervisor: _____

Please check the appropriate box that best represents your evaluation of the student intern.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1
Working relationship with on-site supervisor					
Working relationship with other employees					
Dependability					
Attitude towards work/at work					
Accountability					
Judgment					
Professional appearance					
Acceptance of criticism					
Sets realistic goals					
Initiative					
Follows instruction from supervisor					
Ability to learn					
Willingness to learn					
Quality of work					
Independence					

What are the student's greatest strengths at this time?

What are the student's greatest weaknesses at this time?

What are your recommendations for improvement for the remainder of the internship?

What other comments do you have?

Internship Site Supervisor Signature Date

Student Intern Signature Date

**La Sierra University
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Student Intern Final Evaluation (Internship Site Supervisor)

Student's name: _____ Date: _____

Internship Site: _____ Internship Site Supervisor: _____

Please check the appropriate box that best represents your evaluation of the student intern.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1
Working relationship with on-site supervisor					
Working relationship with other employees					
Dependability					
Attitude towards work/at work					
Accountability					
Judgment					
Professional appearance					
Acceptance of criticism					
Sets realistic goals					
Initiative					
Follows instruction from supervisor					
Ability to learn					
Willingness to learn					
Quality of work					
Independence					

What improvements have you observed since the mid-term evaluation?

What recommendations do you have for this intern to work on areas of growth?

What other comments do you have?

Internship Site Supervisor Signature Date

Student Intern Signature Date

La Sierra University
Department of Health and Exercise Science

Final Internship Evaluation (HES Internship Coordinator)

Student's Name: _____ Date: _____

Internship Site: _____

Internship Site Supervisor: _____

University Internship Coordinator: _____

Daily Journal submitted: Yes No Points: _____

Internship Presentation Points: _____

Internship Reflection Report Points: _____

Internship Site Supervisor reports completed: Mid-Term _____ Final _____

Intern Site Evaluation completed: Yes No

Comments: _____

Final Grade: _____

Internship Coordinator Signature

Date