

GRADUATE STUDENT INTERNSHIP PROGRAM

Student Name:		Student Number:	
Company:		Location:	
Job Title:			
Internship Period:	/ / to / /	Length in months:	4 8 12 16
Supervisor Name:		Phone Number:	
		Email:	

FINAL EVALUATION

Please use the following questions to evaluate the student's performance during their internship.

Learning Outcomes

1. What strengths did the student display during the internship?

2. Which areas of performance would benefit from continued development?

3. Please comment on the student's achievement of the learning outcomes developed at the start of the internship.

4. Did the student encounter any obstacles or challenges during the internship? If yes, how did this impact the student's ability to achieve the learning outcomes developed at the start of the internship?

General Performance

Please rate the student's performance in the categories below, using the following scale:

A = Excellent B = Very Good C = Average D = Fair E = Poor

Performance Graded	A	B	C	D	E	Comments (if applicable)
Understanding of new concepts						
Skill level attained						
Quality of work						
Professionalism						
Initiative						
Organization and planning						
Judgement						
Reliability						
Collaboration with others						
Communication skills (oral)						
Communication skills (written)						
Overall Performance Rating						

5. Have you discussed this evaluation with the student?

Yes, I have discussed/plan to discuss this evaluation with the student

No (please provide reasoning below):

6. Please rate your overall satisfaction with the support provided by the University:

Very satisfied

Satisfied

Unsatisfied

Very unsatisfied

7. Will you consider hiring students through Western's Internship Program in the future? Why or why not?

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Please sign and date to acknowledge your agreement below, and submit your completed document to the Graduate Student Internship Program Coordinator either in-person or via email at gradel@uwo.ca.

	Signature	Date
Internship Supervisor:		