

SITE VISIT/MID-POINT CHECK-IN

GRADUATE STUDENT INTERNSHIP PROGRAM

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

SUPERVISOR CHECK-IN

Advise the supervisor that this is a mid-point check-in, and remind the supervisor that a detailed performance evaluation is required at the end of the student's work term.

Student's Conduct in Workplace

1. Attendance:

- Very satisfied
 Satisfied
 Unsatisfied
 Very unsatisfied

Additional comments: _____

2. Punctuality:

- Very satisfied
 Satisfied
 Unsatisfied
 Very unsatisfied

Additional comments: _____

3. Professionalism (e.g., attire, language):

- Very satisfied
 Satisfied
 Unsatisfied
 Very unsatisfied

Additional comments: _____

4. Please comment on the student's interpersonal, communication, and teamwork skills:

5. Please comment on the student's technical skills:

6. Does the student show initiative and motivation?

7. How does the student respond to feedback?

Skills Development

8. Did you meet with the student at the beginning of the internship to discuss expectations and develop learning outcomes? If yes, please discuss.

9. Do you provide guidance/mentorship, support, and feedback on a regular basis? If yes, please describe.

10. What are this student's strengths?

11. Are there any areas for development? If yes, have you discussed these with the student?

Wrap-Up/Final Questions

12. Is there anything we could do to make the Internship Program work more effectively for you and/or your organization/company?

13. Do you have any suggestions for preparing students prior to their internship?

14. Please rate your overall satisfaction with your current intern:

- Very satisfied Satisfied Unsatisfied Very unsatisfied

Additional comments: _____

15. Will you recruit again from Western's Internship Program?:

- Yes No Undetermined

Additional comments: _____

16. Remind the student of the following obligations (check off once reviewed):

- Review of Performance Evaluation requirements
 (Other)

Supervisor's signature: _____

Date: _____