Internship Evaluation Form

University of Arkansas Department of Journalism

Name of intern _____

Employer _____

Address _____

City/State/Zip _____

Phone _____ e-mail _____

Evaluator _____

A. On a scale of 1-5, please evaluate your intern on the characteristics below, where 5 is superior, and 0 is poor. If you don't know about a certain characteristic, or if it's not applicable to the intern's responsibilities, please enter X. Use additional paper if necessary.

PROFESSIONAL SKILLS

1. _____ The intern's handling of the tools and technologies appropriate for the profession of this internship.
2. _____ Ability to conduct research and evaluate information using appropriate methods.
3. _____ Ability to write correctly and clearly in required forms and styles.
4. _____ Ability to critically evaluate his/her own work and that of others for accuracy and fairness, clarity, style and grammatical correctness.
5. _____ Ability to use numbers and statistical concepts.
6. _____ Ability to use photographs, maps, graphs or other visuals as needed.
7. _____ Understanding of professional ethical principles, and ability to work ethically in pursuing truth, accuracy, fairness and diversity.
8. _____ Ability to think critically, creatively and independently.

B. PROFESSIONALISM & WORK HABITS

1. _____ Promptness
2. _____ Maturity
3. _____ Interest in the job
4. _____ Organization
5. _____ Willingness to learn
6. _____ Working well with clients, sources, colleagues
7. _____ Working well under deadline pressure
8. _____ Accepts criticism

C. YOUR OPINIONS

1. Do you think this student will succeed in the business?

_____

_____

_____

2. What do you consider the intern's most significant strength?

_____

_____

_____

3. How could the intern improve his/her performance?

_____

_____

_____

4. If your organization had an opening for a person with the background of this intern, would you hire him/her? Briefly, why or why not?

_____

5. What grade do you think this intern should receive? A B C D F

6. Would you be interested in having another intern in the future? _____

_____ _____

Evaluator's Signature Date

Please return to: Kim I. Martin • Kimpel 116 • University of Arkansas • Fayetteville AR 72701 • FAX 479/575-4314
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