INSTRUCTIONS
This evaluation will be included in the intern’s final packet presented to the appropriate academic area Faculty Chair for evaluation and grading on a Satisfactory/Unsatisfactory basis for course credit. Please share the completed evaluation with the intern at his/her exit interview.

Intern Name: __________________________________________ Internship Position: __________________________________

Sponsoring Employer: ________________________________ Supervisor Name: ____________________________

Supervisor E-mail Address: ______________________________ Supervisor Phone: ____________________________

Internship Start Date: __________________________ Internship End Date: __________________________

Rating System:
1 - Needs some improvement; 2 - Meets minimum standards; 3 – Acceptable performance;
4 - Highly effective performance, exceeds standards; 5 – Outstanding performance, far exceeds standards.

<table>
<thead>
<tr>
<th>PERFORMANCE CHARACTERISTICS</th>
<th>RATING</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>INITIATIVE</td>
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<tr>
<td>Sought opportunities for leadership, was self-motivated, generated creative solutions</td>
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<td>DECISION MAKING SKILLS</td>
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<td>Utilized analytical approach to problem solving</td>
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<td>COMMUNICATION SKILLS</td>
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<td>Demonstrated skill in oral and written expression</td>
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<td>QUALITY OF WORK</td>
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<td>Consistently showed accuracy and thoroughness in work performance</td>
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</table>
By my signature below, I certify to Villanova University that this student has worked at least 150 hours over the course of this internship.

Supervisor’s Signature:_______________________________________ Date:___________________________

This evaluation has been shared with intern. Yes________ No___________

Intern’s Signature:___________________________________________ Date:___________________________

Intern’s Comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

PLEASE COMPLETE AND SIGN; FAX OR MAIL TO:
Internship Program, College of Liberal Arts and Sciences
Villanova University
St. Augustine Center, 107
800 Lancaster Avenue
Villanova, PA 19085
Fax: 610-519-6322
Phone: 610-519-4232