

## Texas Lutheran University Midpoint Internship Evaluation

Note: This midpoint evaluation should be completed by the internship on-site supervisor halfway through the internship experience. The form should be completed and returned by mail or fax. If completed by mail, please return to: Texas Lutheran University, 1000 W. Court St., Seguin, TX 78155.

**Faculty Supervisor:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Academic Term: \_\_\_\_\_

Department Name/Course No. (ex: BUSI 419/429/439): \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Name of Supervisor completing form: \_\_\_\_\_

Department in which above Supervisor works: \_\_\_\_\_

Please answer the following questions regarding the student's performance. Feel free to use the back or attach additional pages, if needed.

1. Does the student show up as scheduled and on time?

Always          Usually          Seldom          Never

Comments:

2. Is the student completing the work expected of her/him in a timely manner?

Always          Usually          Seldom          Never

Comments:

3. Is the student completing the work expected of her/him in a professional manner?

Always          Usually          Seldom          Never

Comments:

4. Does the student communicate with the supervisor as needed and expected?

Always          Usually          Seldom          Never

Comments:

5. Overall, how would you rate the student's performance?

Outstanding    Above Average    Average    Below Average    Poor

Comments:

Please feel free to add additional information or comments below or on the back of this form. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Texas Lutheran University Final Internship Evaluation

Note: This final evaluation should be completed by the internship on-site supervisor upon completion of the internship experience. The form should be completed and returned by mail or fax. If completed by mail, please return to: Texas Lutheran University, 1000 W. Court St., Seguin, TX 78155.

**Faculty Supervisor:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Academic Term: \_\_\_\_\_

Department Name/Course No. (ex: BUSI 419/429/439): \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Name of Supervisor completing form: \_\_\_\_\_

Thank you for allowing our student to complete this experience under your supervision. We appreciate your assistance with this assessment of the student's performance, which will help us in assigning academic credit for this internship. Please answer the following questions. Feel free to use additional pages, if needed.

1. Approximately how many hours did the student work? \_\_\_\_\_

2. Did the student show up as scheduled and on time?

Always          Usually          Seldom          Never

Comments:

3. Did the student complete the work expected of her/him in a timely manner?

Always          Usually          Seldom          Never

Comments:

4. Did the student complete the work expected of her/him in a professional manner?

Always          Usually          Seldom          Never

Comments:

5. Did the student's performance improve over the course of the internship experience?    Yes    No

Comments:

6. Overall, how would you rate the student's performance?

Outstanding    Above Average    Average    Below Average    Poor

Comments:

7. Are you/is your firm willing to have another intern from Texas Lutheran University in the future?

Yes          No          [If yes, please complete the following page also.]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_