INTERN EVALUATION FORM

Intern Name ________________________________ Internship Period ______ to ____________
Intern Agency ____________________ Supervisor __________________________ Telephone ________

INTERN'S MAJOR WORK ASSIGNMENTS:

INSTRUCTIONS: This evaluation form is for the purpose of assessing the overall performance of the intern assigned to work under your direction this semester. Your response will be used as a basis for an assigned grade and to assist the student in improving his or her performance. The evaluation should be made by the supervisor as if the intern were a new employee of the agency/organization. These evaluations will be incorporated into the student's file and references will be made to them.

Please circle the appropriate rating below for each aspect of the intern's performance.

OVERALL PERFORMANCE RATING

<table>
<thead>
<tr>
<th></th>
<th>Outstanding (Top 5%)</th>
<th>Above average (Top 15%)</th>
<th>Average (Top 30%)</th>
<th>Improvement Needed</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
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INDIVIDUAL MEASURE PERFORMANCE RATING

Attendance and punctuality           1 2 3 4 5
Ability to complete work assignments on time 1 2 3 4 5
Ability to follow directions          1 2 3 4 5
Cooperation                           1 2 3 4 5
Accuracy of work                       1 2 3 4 5

Ability to fulfill objectives         1 2 3 4 5
Judgement and initiative             1 2 3 4 5
Written expression                    1 2 3 4 5
Oral expression                       1 2 3 4 5
Planning assigned tasks              1 2 3 4 5
Growth potential                      1 2 3 4 5
Professional attitude                 1 2 3 4 5

ADDITIONAL COMMENTS AND SIGNATURE: Please see back of this sheet
ADDITIONAL COMMENTS: Please use this sheet to expand on your evaluation of the intern's performance. In particular, comment on the growth you have observed in the intern, aspects of his or her performance which could be improved and your assessment of the individual's potential for graduate work or a professional career in your field. Your assistance in this evaluation is most appreciated.

Signature of Supervisor: ________________________________ Date: ________________

IMPORTANT: Please return this evaluation to the address below by
Internship Supervisor
Department of Geography/Urban Studies Program, Unit 4148
University of Connecticut
215 Glenbrook Road
Storrs, CT 06269-4148