

Worksite Supervisor's Evaluation Consideration List

Organizational Learning & Instructional Technology University of New Mexico

Master's Degree Portfolio Project

[Intern: Please provide this form to your Worksite Supervisor.]

Student Name:	
----------------------	--

Company:	
-----------------	--

Internship Title:	
--------------------------	--

Supervisor:	
--------------------	--

Assignment:	
--------------------	--

Questions:

1. Were shared goals met?

--

2. Was a product produced, and was it up to standard?

3. Was the Intern's work of a sufficiently high quality?

4. Were additional or different skills than anticipated needed to complete the work or reach the goals?

5. What was the best skill or characteristic this Intern brought to the assignment?

6. What was the skill or characteristic that you would recommend more practice at or more training to improve the Intern's performance?

Thank you for filling out this form.

Please sign and return to the OLIT, Program Coordinator.

Supervisor Name

Date

Title