LAKE ERIE
COLLEGE
OFFICE OF CAREER SERVICES

## Appendix E: Mid-Term Evaluation of Student Intern/Clinical Observation

Please complete the following evaluation of your intern's performance.

Student

Organization/Company

Supervisor

Date

For the individual student being evaluated, please give each statement a numerical value based on whether you:

| | |
|---|---|
| 4 | Strongly Agree |
| 3 | Agree |
| 2 | Disagree |
| 1 | Strongly Disagree |
| N | Statement does not apply or is not appropriate to the position or level of functioning expected of the student. |

| | |
|---|---|
| Student has made every effort to maintain a regular work schedule | ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐N |
| Student makes appropriate arrangements when regular work schedule cannot be adhered to | ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐N |
| Student displays enthusiasm and professionalism in work assignments | ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐N |
| Student uses classroom knowledge to complete internship projects | ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐N |
| Quality and quantity of work output is acceptable | ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐N |
| Student notifies supervisor of issues that may interfere with the successful completion of projects in a timely fashion | ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐N |

As of _____ the student intern has completed _____ hours.

Describe any concerns you may have:

_____ _____

Supervisor Signature Date

"The complete form can be emailed to gphillips@lec.edu"