



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	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N
Student makes appropriate arrangements when regular work schedule cannot be adhered to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N
Student displays enthusiasm and professionalism in work assignments	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N
Student uses classroom knowledge to complete internship projects	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N
Quality and quantity of work output is acceptable	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N
Student notifies supervisor of issues that may interfere with the successful completion of projects in a timely fashion	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N

As of _____ the student intern has completed _____ hours.

Describe any concerns you may have:

Supervisor Signature

Date