**Supervisor Mid-Internship Evaluation**

Thank you for taking the time to thoughtfully complete this mid-internship evaluation. By discussing this with your intern, your comments help them reflect on their experience and help define the rest of the internship.

**Student Name** (Last, First):

Internship Start Date: Internship End Date:
MSU Department of Internship:

Supervisor Name:

Student’s Internship Title:

**Please rate the following based on student intern so far:** POOR EXCELLENT

Intern’s job performance 1 2 3 4 5

Intern’s attendance 1 2 3 4 5

Intern’s attitude toward work assignments 1 2 3 4 5

Your availability to answer questions 1 2 3 4 5

Regularly scheduled meetings with your intern 1 2 3 4 5

Intern’s willingness to ask for help 1 2 3 4 5

Job duties related to Learning Agreement objectives 1 2 3 4 5

Intern is developing skills essential to their career field 1 2 3 4 5

Intern is meeting expectations set in the Learning Agreement 1 2 3 4 5

Intern is receiving necessary training and resources 1 2 3 4 5

Intern is challenged by the work they are doing 1 2 3 4 5

Intern’s overall internship performance to date 1 2 3 4 5

Your overall internship experience top date 1 2 3 4 5

**Additional Comments or Concerns:**

**Do you feel the initial Learning Agreement needs to be modified?** Yes No

( If yes, please work with your supervisor to make any changes to your learning objectives )

By signing below, you are stating that **you have reviewed the mid-term internship evaluation with your intern.**

Student Signature: Date:

Supervisor Signature: Date:

Update: 6-15-20