



**Corvallis School District 509J  
Internship Experience Evaluation Form**



Student Name: \_\_\_\_\_ Internship Supervisor: \_\_\_\_\_

Internship Site \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*
*City*
*State*
*ZIP Code*

**Evaluation:**

*Use the following ranking system to rate Work Maturity Indicators.*

- Ranking: (4) Exceptional - Demonstrates exceptional performance. Among the best!  
 (3) Exceeds Expectations - Performs with little or no supervision. Looks for ways to achieve excellence.  
 (2) Meets Expectations - Performs consistently well with supervision. Completes assignments and tasks on time.  
 (1) Below Expectations - Requires much supervision. Inconsistent performance.  
 (NA) Not Applicable or Observed

<b>Work Maturity Indicators</b>	<b>Rating</b>	<b>Comments</b>
Personal Appearance		
Initiative		
Cooperation		
Ability to Work Alone		
Ability to Follow Directions		
Judgment and Common Sense		
Quality of Work		
Communicative Ability		
Ability to get along with fellow employees		
Show Willingness to Learn		
Attendance		
Overall Performance		
Completion of Learning Goals		

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Total Hours Worked:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature**                      **Date**                      **Student's Signature**                      **Date**

**Student's Comments concerning evaluation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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