

**SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE
APPLIED COMMUNICATION STUDIES INTERNSHIP
FINAL INTERN EVALUATION**

Name of student intern: _____

Name and title of organizational representative: _____

Date of internship: _____

PLEASE RESPOND TO EACH OF THE FOLLOWING:

1. The nature of the internship assignment, including responsibilities assigned (attach formal job description, if applicable):

2. The number of hours that the intern actually worked: _____ per _____

3. The nature and amount of the supervision provided, and by whom:

4. How academically prepared was this student intern?

5. How professionally prepared was the student intern?

6. How would you characterize this student intern's major strengths?

7. What specific suggestions would you offer this intern?

8. On a standard grading scale (A, B, C, etc.), what letter grade would you assign this student intern, and why?

9. Is there anything else you would like either the student intern or the Department of Communication Studies to know?

10. Would you be willing to consider another intern in the future?

_____ Date: ___ / ___ / ___
Signature of Organizational Representative:

Please return to: Director of Internships
 Department of Applied Communication Studies
 Southern Illinois University Edwardsville
 Campus Box 1772
 Edwardsville, IL, 62026

Once again, thank you very much for you time and effort. I hope that your experience with our intern was a positive one.