



Department of Urban Planning

This form is to be filled out **by the internship supervisor** at the end of the internship period. If possible, please review your appraisal with the student intern. Please return it to the department office when complete or email to crhine@bsu.edu

Name of Intern: _____

Agency: _____

Supervisor: _____ Title: _____

GENERAL PERFORMANCE

For each of the following criteria, rank the employee from 1 (worst) to 10 (best), or N.A. (not applicable).

1. Competence in the Field

1 2 3 4 5 6 7 8 9 10 N.A.

2. Organizational and Administrative Effectiveness
(Planning, organizing, and implementing tasks for programs)

1 2 3 4 5 6 7 8 9 10 N.A.

3. Forming Professional Relationships

1 2 3 4 5 6 7 8 9 10 N.A.

4. Demonstrating Initiative and Resourcefulness

1 2 3 4 5 6 7 8 9 10 N.A.

5. Leadership

1 2 3 4 5 6 7 8 9 10 N.A.

6. Professional Judgement

1 2 3 4 5 6 7 8 9 10 N.A.

7. Professional Development and Growth

1 2 3 4 5 6 7 8 9 10 N.A.

8. Contribution to the Overall Goals of the Agency or Office

1 2 3 4 5 6 7 8 9 10 N.A.

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SPECIFIC STRENGTHS AND WEAKNESSES

1. List major accomplishments of the intern during this appraisal period.

2. List areas in which performance could be improved.

INTERN'S PERFORMANCE

Rank the employee from 1 (worst) to 10 (best), or N.A. (not applicable).

1. Overall performance

1 2 3 4 5 6 7 8 9 10 N.A.

2. Reviewed with intern? yes_____ no_____

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