

WGST 4800A/4801A/5920A

Final Practicum/Internship Placement Supervisory Evaluation

The placement supervisor will complete this evaluation after the placement has ended. It is the student's responsibility to send the evaluation form to the Placement Supervisor well before the due date (see syllabus for due date).

Placement Supervisors, please return this completed form to the [Institute Administrator](#) c/o the Undergraduate and Graduate Advisor.

Student Name:

Placement Organization (name and address):

Placement Supervisor name:

Please evaluate the student's accomplishment of their tasks and duties as outlined in the contract.

Learning Goals (as outlined in the contract)	Below Average	Average	Good	Very Good	Outstanding
Goal 1					
Goal 2					
Goal 3					

The student is well integrated into the placement's culture and expected standards. Yes No

The student respects privacy and confidentiality as mandated by the organization. Yes No

Characteristics/ Activities	Below Average	Average	Good	Very Good	Outstanding
Is punctual and reliable					
Complies with security policies and procedures					
Demonstrates initiative in carrying out assigned tasks					
Demonstrates effective organizational and time management skills					
Records information & writes reports effectively					
Solicits and uses feedback to improve performance					
Forms constructive working relationships with staff					
Establishes appropriate relationships with clients					
Shares ideas and makes constructive suggestions					

Demonstrates flexibility adapting to role changes					
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Please describe the strengths (skills and abilities) that the student had shown during their practicum/internship at your organization:

Please suggest any areas/skills/abilities in which the student could improve on in the future:

How would you rate the student overall:

Below average

Average

Good

Very good

Outstanding

Please feel free to use this space to provide additional feedback to the Undergraduate and Graduate Advisor about your experience as a Placement Supervisor of one of our students.

Placement Supervisor's signature:

Date: