

POSC 498 Internship Evaluation Form
 University of Delaware Department of Political Science and International Relations
 Director of Internships: Dr. Kassra Oskooii (oskooiik@udel.edu)

Intern's Name: _____

Supervisor's Name: _____

Company or Organization: _____

Telephone Number: _____

Email Address: _____

How many hours did this intern spend at his or her internship? _____

Please evaluate the following statements by checking the appropriate box.

	Strongly Disagree 1	2	3	4	Strongly Agree 5	N/A
The student demonstrated excellent written communication skills.						
The student demonstrated excellent oral communication skills.						
The student was prompt in arriving at work on time.						
The student dressed appropriately for the job.						
The student sought and accepted direction in performing job responsibilities.						
The student worked well with other employees in the office.						
The student interacted well with clients or with the public.						
I would consider hiring this person full-time, or write a letter of recommendation for the student in his/her pursuit of the position.						

Should we share this evaluation with the student? Yes _____ No _____

Please provide additional comments or assessments, if necessary, on the back of this page. We always appreciate more context so that we can appropriately assess the intern's performance.

Supervisor's Signature: _____ Date: _____

Please email the form to Dr. Kassra Oskooii (oskooiik@udel.edu) and Barbara Ford (barbford@udel.edu)