

**UNCG Concentrations in Historic Preservation and Museum Studies
INTERNSHIP EVALUATION FORM**

Send to: Dr. Benjamin Filene, Director of Public History
UNCG Department of History
P.O. Box 26170
Greensboro, NC 27402-6170

Name of Intern: _____ Date: _____

Name of Site Supervisor: _____

Institution Name: _____

Address: _____

Email: _____ Phone: _____

Please complete the evaluation, adding any comments in the spaces provided after each question or at the end of this form.

1. Overall Satisfaction _____ high _____ medium _____ low

2.		Excellent	Acceptable	Poor
	Attendance and Punctuality	_____	_____	_____
	Reliability	_____	_____	_____
	Relationship with Coworkers	_____	_____	_____
	Relationship with Mentor(s)	_____	_____	_____
	Initiative	_____	_____	_____

3. Skill/Knowledge Development. . .

with regard to daily tasks	_____	_____	_____
with regard to achievement of learning objectives (if different from above)	_____	_____	_____

4. a. Have you identified lack of specific skills or knowledge that, in your opinion, a student at the intern's level should have? If so, please describe.

b. If answer to question a. is yes, have you discussed this with intern?

5. Do you find the intern open to feedback? Is this consistent or situational?

6. How does the intern handle stress and ambiguity?

7. How does the intern use slack periods of time?

8. Have you increased the intern's responsibility? Why or why not?

9. Additional comments:

Please write your name and title and add signature below. Thank you.

Supervisor's name and title: _____

Signature: _____