



INTERNSHIP EVALUATION FORM

Intern's Name

Principal's Name

Semester/Year

Program

Instructor

Field Experience Level: Internship

Please mark the rating that best reflects your evaluation of the intern student in each of the five items.

Attendance

outstanding satisfactory unsatisfactory

Met Expectations

outstanding satisfactory unsatisfactory

Fulfilled Program Requirements

outstanding satisfactory unsatisfactory

Overall Performance

outstanding satisfactory unsatisfactory incomplete

Professional Potential as An Educational Leader

outstanding satisfactory unsatisfactory counseling suggested

Please mark only items in this section which are judged to be Outstanding (+) or which Need Attention (-).

| | |
|----------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Acts with Integrity | <input type="checkbox"/> Collaboration with Stakeholders |
| <input type="checkbox"/> Appearance/Dress | <input type="checkbox"/> Responds to Community Interests/Needs |
| <input type="checkbox"/> Applies Best Practices for Student Learning | <input type="checkbox"/> Content Knowledge |
| <input type="checkbox"/> Personality | <input type="checkbox"/> Oral Communication Skills |
| <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Written Communication Skills |
| <input type="checkbox"/> Cooperative Attitude | <input type="checkbox"/> Presentation Skills |
| <input type="checkbox"/> Innovative Use of Time and Resources | <input type="checkbox"/> Evaluation Skills |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Management Skills |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Creates/Articulates a Vision of Higher Standards |
| <input type="checkbox"/> Acts Fairly | <input type="checkbox"/> Acts Ethically |
| <input type="checkbox"/> Accepts Constructive Criticism | <input type="checkbox"/> Understands the Larger Educational Context |



**INTERNSHIP REPORT FOR MASTER'S
PROGRAM: DEVELOPMENTAL & HIGHER EDUCATION STUDIES LEVEL I**

TERM: SPRING_____ FALL_____ SUMMER_____

INTERN: _____

COURSE INSTRUCTOR: _____

SCHOOL: _____

SCHOOL PRINCIPAL: _____

SUBJECT/GRADE LEVEL: _____

Summary of Internship Activities (You may attach an additional sheet if necessary): _____

Other Comments: _____

Signature of Principal **Date**

Signature of Intern **Date**

Signature of Course Instructor **Date**