



FORM F: EVALUATION OF STUDENT INTERN

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To be completed by the Primary Supervisor, or the supervisor for the specified time period, if different from the Primary Supervisor. Internships lasting six months or less require at least one concluding evaluation. The student intern must also be allowed to read the evaluation and acknowledgment this by signing. Internships lasting more than six months require at least midpoint and concluding evaluations. Use a separate copy of this form for each evaluation.

Student Intern Name	Internship Dates From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____
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Evaluation Point
 Midpoint Concluding Other

Period Being Evaluated
 From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____

Yes No The student intern completed the objectives for this phase, as indicated on the form DS-7002 Training/Internship Placement Plan.

Comments:

Yes No The student intern learned specific knowledge, skills, or techniques as indicated on the form DS-7002.

Comments:

Yes No The student intern's acquisition of new skills and competencies were measured as indicated on the form DS-7002.

Comments:

Yes No The frequency of supervision occurred as indicated on the form DS-7002.

Comments:

Supervisor Name	Supervisor Signature	Date (mm-dd-yyyy)
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Student Intern Signature	Date (mm-dd-yyyy)
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