Internship Field Evaluation Form

Intern:		Position:	
Organization:		Contact (phone & email)	
Supervisor:		Position:	
Internship Start Date:		Internship End Date:	

Number of hours worked:

Please rate the intern in the following five areas, with 5 being the best possible score.

Performance Factors	**1**	**2**	**3**	**4**	**5**	**Comments and Supporting Examples**
Intern contributed to your organization.						
Intern met organizational goals for the internship.						
Intern demonstrated good judgment and time management						
Intern acquired new competencies.						
Intern was creative and flexible.						

Signature of Supervisor: _____

Signature of Internship Student: _____

IGSF Institute for Gender, Sexuality, and Feminist Studies Institut Genre, sexualité et féminisme

McGill