

**Northern Illinois University
LGBT STUDIES INTERNSHIP
AGENCY EVALUATION OF INTERNSHIP STUDENT**

Student Name: _____

Agency Name: _____

Supervisor Name: _____

1. Please rate the student with respect to the following by circling the appropriate number.

	N/A	Poor			Adequate			Good		Excellent	
Quality of work	N/A	1	2	3	4	5	6	7	8	9	10
Relations with others	N/A	1	2	3	4	5	6	7	8	9	10
Dependability	N/A	1	2	3	4	5	6	7	8	9	10
Interest & enthusiasm	N/A	1	2	3	4	5	6	7	8	9	10
Judgment	N/A	1	2	3	4	5	6	7	8	9	10
Oral communication	N/A	1	2	3	4	5	6	7	8	9	10
Written communication	N/A	1	2	3	4	5	6	7	8	9	10
Leadership	N/A	1	2	3	4	5	6	7	8	9	10
OVERALL EVALUATION		1	2	3	4	5	6	7	8	9	10

2. *What were the student's major strengths?

3. *In what areas would you say the student most needs to grow?

4. *Would you hire this student to work in your organization? Why or why no?

5. *Other comments:

*Use additional sheets if necessary.

Return to: Center for the Study of Women, Gender & Sexuality, Northern Illinois University, ATTN: Director, Reavis 103, DeKalb, IL 60115; or FAX to 815-753-1074; or EMAIL to wgs@niu.edu

Thank you for your efforts on behalf of NIU's Center for the Study of Women, Gender & Sexuality interns!