

**EASTERN CONNECTICUT STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGICAL SCIENCE**

INTERNSHIP EVALUATION revised 5/21

The student and their supervisor from the placement site complete this evaluation together. If an individual other than the site supervisor had the most frequent contact with the student, that individual may complete this form with the student. Students are required to return the original to their Eastern Supervising Professor.

Student name: _____

Eastern Supervising Professor name: _____

Internship Supervisor name: _____

Name/contact information for individual completing this evaluation (if different than internship supervisor):

Semester: _____ Year: _____

1. Did the student meet the following minimum requirements? If "no", please provide clarification in item 2 below.

yes	no	Did the student dress and act in a professional manner?
yes	no	Did the student maintain confidentiality?
yes	no	Did the student work the number of agreed-upon hours per week?
yes	no	Did the student leave the work setting in a clean and orderly manner?
yes	no	Did the student avoid contact with the clients outside the placement site?
yes	no	Did the student use appropriate language?
yes	no	Did the student maintain professional boundaries with clients?
yes	no	Did the student attend all scheduled meetings?
yes	no	Was the student on time?
yes	no	If the student was unable to attend work, did they call their site supervisor or their designee before they were scheduled to work?
yes	no	Did the student use the computers belonging to the placement site only for business related to internship?

2. PLEASE, COMMENT ON THE STUDENT'S PERFORMANCE AT THE PLACEMENT SITE AND THE NATURE AND EXTENT OF THE CONTRIBUTION HE OR SHE HAS MADE.

3. DID THE STUDENT USE THE OPPORTUNITIES AVAILABLE FOR LEARNING?

4. TO WHAT EXTENT DID THE STUDENT MEET THE EDUCATIONAL OBJECTIVES DESCRIBED ON THE INTERNSHIP AGREEMENT?

5. DO YOU HAVE ANY QUESTIONS, COMMENTS, OR REQUESTS THAT YOU WOULD LIKE TO SHARE?

Student signature: _____ Date: _____

Internship Supervisor (or designee) signature: _____ Date: _____