CRJ 492 INTERNSHIP EVALUATION

# University of Northern Colorado

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attach business card if submitted by mail.)

Field/Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVALUATION:

x = Does not Apply 0 = Unsatisfactory 1 = Fair 2 = Good 3=Excellent

Please mark the number that best describes your rating of the student's performance in this area and return by email or snail mail. If returned electronically, please mark the correct rating in any matter you choose (circling, making the rating in bold font, or eliminating those that do not apply, etc).

1. Punctuality x 0 1 2 3

2. Appearance x 0 1 2 3

3. Organization x 0 1 2 3

4. Openness to various points of view x 0 1 2 3

5. Ability to work with staff x 0 1 2 3

6. Ability to work with clients/public x 0 1 2 3

7. Attitude toward job duties x 0 1 2 3

8. Ability to accept criticism x 0 1 2 3

9. Performance of assigned duties x 0 1 2 3

10. My overall rating for this student intern is: x 0 1 2 3

How many contact hours did this student fulfill? \_\_\_\_\_\_\_\_\_.

Did this student fulfill the requirement of the minimum contact hours? (50 hours per credit hour)

All contact hours must be under the agency’s supervision for this academic term.

Yes­ \_\_\_

No­ \_\_\_

If "No," please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional comments you would like to make on a separate sheet or on the back of this form. THANK YOU!

Field/Site Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please scan the form and email it as an attachment to [Meagan.burkholder@unco.edu](mailto:Meagan.burkholder@unco.edu)

**OR** return the form in the mail to: Meagan Burkholder

Criminology & Criminal Justice Department, CB 147

501 20th Street

Greeley, CO 80639