School of Public Service

14 E. Jackson Blvd., Suite 1600, Chicago, IL 60604

(312) 362-5533 / Fax (312) 362-5506

| **SPS INTERNSHIP EVALUATION FORM** |
| --- |
| **To: Internship Site Supervisor** Please complete and mail to Michael Diamond, Ph.D., Internship Coordinator, School of Public Service, DePaul University, 14 E. Jackson, Suite 1603, Chicago, IL 60604. Or by email to: mdiamond@depaul.edu Thank you for your assistance in this Internship. |
| **Intership Information** |
| Organization Name:  | Supervisor E-Mail: |
| Site Supervisor Name and Title:  | Supervisor Phone: |
| Intern Name and Department: |
| Internship hours per week: | Internship beginning date: | Internship ending date: |
| Briefly describe the number of hours you spent with the Intern, the frequency with which you met, the nature of the meetings. |
| **Responsibilities of INTERNSHIP Position** |
| **Please indicate your best assessment of how well the Intern met the goals and objectives of the Internship Agreement. You may attach your evaluation to this signed form.** |
| Quality of intern's work performed: |
| Knowledge and skills developed:  |
| Assessment of professional competence: |
| Assessment of internship in relation to intern's overall goals: |
| **Please indicate your assessment of the following:** |
| What effect did the Intern have on your organization?  |
| Were the goals of your organization with respect to the internship successfully achieved? |
| Would you consider another intern from our School in the future? Why? Why not? |
| Do you have any recommendations for improving the experience for either the intern's or the organization? |
| Additional Comments: |
| **Site Supervisor Signature:** | **Date:** |

Submit completed form to:

Michael Diamond, Ph.D.

Professional Lecturer

Internship Program Coordinator

School of Public Service

14 E. Jackson Blvd., Suite 1603

Chicago, IL 60604-2302

Email: mdiamond@depaul.edu

Tel: (312) 362-5533

Fax: (312) 362-5506