School of Public Service

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

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

| **SPS INTERNSHIP EVALUATION FORM** | | | |
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| **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](mailto: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

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