

PRELIMINARY STUDENT PERFORMANCE EVALUATION

To be completed by the Agency/Business Supervisor, reviewed with the student and returned to the University-Supervisor. TO BE COMPLETED AT END OF WEEK ONE (1st WEEK).

Intern's Name \_\_\_\_\_ Date \_\_\_\_\_

Agency/Business \_\_\_\_\_

Agency/Business Supervisor's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Please comment briefly on the following:  
(attach additional pages if necessary)

1. Attitude

2. Awareness and preparation for Internship:

3. Resourcefulness:

4. Preparation for assignments and responsibilities:

5. Leadership ability:

Date Received \_\_\_\_\_ University Supervisor \_\_\_\_\_