

APPENDIX C
AGENCY SUPERVISOR EVALUATION OF
STUDENT PERFORMANCE DURING INTERNSHIP PROGRAM

Student's Name _____

Name of Supervisor Making Rating _____ **Title** _____ **Telephone Number** _____

We would appreciate your cooperation in rating this student in terms of his or her performance on internship placement in your agency. Your response will help the faculty supervisor in assigning a letter grade and identifying areas requiring attention in the student's continuing professional development. Thank you for your cooperation.

| Criteria Rating (please check one) | | | | |
|-------------------------------------------|-----------|------|------|--------------|
| | Excellent | Good | Fair | Unacceptable |
| Cooperates with management | | | | |
| Cooperates with other workers | | | | |
| Willingness to work | | | | |
| Dependable | | | | |
| Honest | | | | |
| Ethical behavior | | | | |
| Shows initiative | | | | |
| Appearance | | | | |
| Personality | | | | |
| Motivation | | | | |
| Accepts supervision | | | | |
| Accepts constructive criticism | | | | |
| Punctuality and attendance | | | | |
| Professional attitude | | | | |
| Shows leadership ability | | | | |
| Communication-speaking | | | | |

| | | | | |
|---------------------------------------|--|--|--|--|
| Communication-writing | | | | |
| Shows ability to think | | | | |
| Adaptable to a variety of jobs | | | | |
| Potential for career in this industry | | | | |

1. Was the student adequately prepared to work in your program?

- Yes
- No
- Somewhat

2. In your opinion, what are the student's areas of greatest strength and areas that need improvement?

3. Did you get your money's worth from this student? (i.e. Was their contribution to your firm worth at least as much as you paid them?)

- Yes
- No
- Somewhat

4. What recommendations do you have to include in this student's academic program to more adequately prepare the student for future professional roles?

5. Would you be willing to have a similar person for another internship at your agency?

- Yes
- No

-If yes, we will add your name and address to our list of approved internship sites.

-If no, would you please indicate the reason why your agency can no longer participate in our Internship Program? This information may assist us in future planning.

Signature _____

Supervising Agency _____

PLEASE RETURN TO:

MAB INTERNSHIP PROGRAM
 Attn: Dr. Victoria Salin, MAB Director
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 213 Agriculture and Life Sciences Bldg.
 2124 TAMU
 College Station, TX 77843-2124
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