

E.W. Scripps School of Journalism Student Internship Evaluation

Intern's Name: _____ **Job Title:** _____

Company: _____ **Company's Website:** _____

Address: _____

Supervisor: _____ **Title:** _____

Email: _____ **Phone:** _____

(If different from above)

Internship Contact: _____ **Title:** _____

Email: _____ **Phone:** _____

Evaluation Period: _____ to _____
(Mo/Yr) (Mo/Yr)

RATING ELEMENTS	RATINGS (check one)				
	Excellent	Above Average	Satisfactory	Marginal	Unacceptable
JOB PERFORMANCE: Consider the quality, quantity and timeliness in accomplishing tasks. Did the intern work without constant supervision, show initiative and interest in work?					
WORK HABITS: Consider ability to manage time, professional attitude, and willingness to learn. Did the intern seek out and utilize appropriate resources, as well as accept constructive criticism and increasing responsibility?					
KNOWLEDGE OF WORK: Consider the intern's knowledge and skills appropriate for the profession. Did the student demonstrate an understanding of concepts and practices of the profession?					
COMMUNICATION: Consider the intern's ability to write effectively and efficiently in the form and style appropriate to the profession. Was the intern able to evaluate his/her own work and that of others for accuracy and fairness?					
PROBLEM SOLVING: Consider the intern's ability to think critically, creatively and independently. Was the intern able to collect and evaluate various forms of information?					
PROFESSIONALISM: Consider the intern's sense of values, respect for the profession as well as the employees in the company. Did the intern show respect for the diversity within the profession and the company?					
GENERAL CONDUCT: Consider the intern's punctuality, adherence to work schedules, appropriateness of dress for the position, manner and courtesy on the job and relations with the public.					
OVERALL EVALUATION: Did the intern meet established employer expectations? Consider the ratings for all of the personal and performance elements above.					

COMMENTS: (feel free to attach a separate sheet with your comments)

DUTIES/RESPONSIBILITIES: (feel free to attach a separate sheet with your comments)

Supervisor's Signature: _____ Date: _____

Intern's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

E.W. SCRIPPS SCHOOL OF JOURNALISM INTERNSHIP EVALUATION FORM

To be completed by intern:

QUARTER FALL / WINTER / SPRING / SUMMER			INTERNSHIP YEAR	TODAY'S DATE
PAID YES / NO	AMOUNT PAID	HRS. PER WEEK	GRADUATION REQUIREMENT YES / NO	CREDIT EARNED (1-16)?
NAME OF STUDENT			PID #	
HOME ADDRESS			CITY, STATE	ZIP CODE
LOCAL PHONE NUMBER			HOME PHONE NUMBER	
E-MAIL			ADVISER	
CATALOG DATE OF ENTRY (i.e. 2009-10)				
ARE YOU WILLING TO BE E-MAILED BY STUDENTS ABOUT THIS INTERNSHIP? YES / NO				
HOW VALUABLE WAS THIS INTERNSHIP EXPERIENCE? EXPLAIN IN DETAIL WHAT YOU LEARNED. (FEEL FREE TO ATTACH A SEPARATE SHEET WITH YOUR COMMENTS)				

Journalism students return this form to:

Eileen Ashworth
E. W. Scripps School of Journalism
Scripps Hall 106
Ohio University
Athens, OH 45701-2079

For additional information, e-mail: ashworte@ohio.edu

Note to student: Please complete both sides of this evaluation form. Incomplete forms will not be processed.

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