



# UCSD Urban Studies and Planning Program Supervisor Evaluation

Student Name:

Internship Position:

Organization:

Supervisor: Name:

Phone:

Email:

**Overall Evaluation of the Intern:**

How would you rate this student's professional performance as an intern? (Please circle one)

EXCELLENT                  GOOD                  AVERAGE                  FAIR                  POOR

Please rank the student on the following criteria by placing an X in the appropriate column:

|                                     | EXCELLENT | GOOD | AVERAGE | FAIR | POOR | NOT OBSERVED |
|-------------------------------------|-----------|------|---------|------|------|--------------|
| Quality of Work                     |           |      |         |      |      |              |
| Completes Assignments on Time       |           |      |         |      |      |              |
| Shows Initiative                    |           |      |         |      |      |              |
| Fulfilled what was expected of them |           |      |         |      |      |              |

Did you observe an overall improvement in the student's professional performance from the time he/she started through the end of the Internship?

Yes                  No

What are this student's strengths? (e.g., technical skills, communication, teamwork)

What areas should the student work on improving (e.g., writing, oral presentation, work ethic)?

Are you willing to participate in the USP Student Internship Program again next year?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Please provide any additional comments below:

**\*The Supervisor should discuss this evaluation with his or her student intern. This form is confidential; only the supervisor, professor, teaching assistants and student should read it.**

Supervisor Signature:

Date:

Student Signature:

Date