

Supervisor Evaluation Form for Internships

Department of Communication & Media
State University of New York at New Paltz

Return this form to:

Robert Miller.
Internship Director, Communication & Media
CSB 49
State University of New York—New Paltz
New Paltz, NY12561-2443
(fax) (845)-257-3461
millerr@newpaltz.edu

Student (Intern) Information

Student Name _____ Semester _____

Site Supervisor Information

Name of On-site Supervisor _____
email Contact for Supervisor _____@_____

The above named student interned at _____ under your direction during this semester. Thank you for directing a SUNY-New Paltz Intern from the Department of Communication & Media. Please fill out this form so that the student may receive academic credit for the hours worked at your site.

Student Interned from _____ (Begin Date) to _____ (End Date), 2007.
Hours Intern Worked at Your Site (Total or Weekly, either is fine):

_____ total hours

(OR)

_____ hours per week, for _____ weeks during internship

Assessment of Daily Activities: Please assess the student's work ethic and abilities as they relate to the primary activities of the internship.

Assessment of Learning Objectives: Please describe the professional-level skills and abilities that the student developed at this Internship Site with attention to the quality of student work.

Signatures

Intern (student) _____ **Date** _____

Site Supervisor _____ **Date** _____

Intern should make 3 copies of this form, when completed
Copy #1 to Internship Director at SUNY--New Paltz
Copy #2 for Site Supervisor's Records
Copy #3 for Intern's Records