



# University of Oregon Disability Studies Internship Final Evaluation

\_\_\_\_\_ Term: (check one) Fall Winter Spring Summer  
Name of Intern

\_\_\_\_\_ Name of Organization

\_\_\_\_\_ Supervisor at Internship

*Please complete and return before the date listed on reverse.*

**Always Usually Seldom Never**

## **Work Habits**

- Student is punctual and attends regularly.
- Student completes work by deadlines.
- Student arranges schedule changes in advance.
- Student complies with rules and respects confidentiality.

## **Attitude Toward Work**

- Student looks for ways to improve.
- Student takes initiative.
- Student displays enthusiasm.
- Student acts professionally.

## **Quality of Work**

- Student performs a quality level of work.
- Student's work benefited your school/organization.
- Student is accurate, thorough and careful.

## **Work with Others**

- Student cooperates with supervisors.

Student is friendly and courteous, has good rapport,  
Student accepts feedback.  
Student speaks well.

**Please respond openly to the following questions:**

1. What are this student's strengths?

2. In what areas could this student improve?

3. Please list any specific skills the student demonstrated in this internship:

Overall Performance: \_\_\_\_ Outstanding \_\_\_\_ Very Good \_\_\_\_ Average \_\_\_\_ Unsatisfactory

Has this evaluation been discussed with the student? \_\_\_\_\_ yes \_\_\_\_\_ no

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Signature of Supervisor

Date

Please return by:

Please return to: Student