

INTERNSHIP EVALUATION FORM

PLEASE MAIL OR FAX TO:

RPTM Internship Staff Assistant
The Pennsylvania State University
College of Health and Human Development
Department of Recreation, Park and Tourism Management
801 Ford Building
University Park, PA 16802
FAX: (814) 867-1751
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PLEASE PRINT

Name of Student _____ Evaluation Date _____

Name of Rater _____

Position or Title _____

Agency _____

Period Covered by Rating: _____ Mid-Internship Evaluation

_____ Final Evaluation

This rating should be made with care and fairness for the interest of the student. Reflect carefully upon the person's work and make an honest judgment of the qualities of the trainee. Base your judgment on the entire period covered and not upon isolated incidents alone. This evaluation is to be made twice during the Internship, and each evaluation should be shared with the student. Your discussion of the evaluation with the student, especially at mid-Internship, is an opportunity to enhance the student's personal and professional growth, based upon the feedback.

As a guideline, the following categories have been established:

OUTSTANDING	<i>Indicates exceptional achievement</i>
VERY GOOD	<i>Indicates extensive achievement</i>
SATISFACTORY	<i>Indicates acceptable achievement</i>
NEEDS IMPROVEMENT	<i>Indicates minimal achievement</i>

Internship Evaluation Form (Continued)

	OUTSTANDING	VERY GOOD	SATISFACTORY	NEEDS IMPROVEMENT	NOT APPLICABLE	COMMENTS
I. PROFESSIONAL PERFORMANCE						
<input type="checkbox"/> Establish Work Goals						
<input type="checkbox"/> Success in Achieving Goals						
<input type="checkbox"/> Plans Work to be Accomplished						
<input type="checkbox"/> Displays Ability to Organize People and Resources						
<input type="checkbox"/> Completes Assignments On or Before Due Date						
<input type="checkbox"/> Possesses Skills Commensurate with Academic Level						
<input type="checkbox"/> Is Objective Regarding Own Performance and Quality of Work						
<input type="checkbox"/> Displays Capacity to Motivate Others						
<input type="checkbox"/> Conducts Self Well Before Groups						
<input type="checkbox"/> Demonstrates Ability to Communicate Ideas						
<input type="checkbox"/> Strives for Quality in Written Expression						
<input type="checkbox"/> Other: _____						
II. PROFESSIONAL KNOWLEDGES						
<input type="checkbox"/> Displays Ability to Integrate Conceptual Knowledge and Professionally-Related Skills						
<input type="checkbox"/> Displays Knowledge and Understanding of Program Principles and Methods						
<input type="checkbox"/> Demonstrates Ability to Apply Knowledge in a Practical Way						
<input type="checkbox"/> Demonstrates Ability to Think Independently						
<input type="checkbox"/> Possesses a Wide Variety of Interests						
<input type="checkbox"/> Displays Expanding Scope of Interests						
<input type="checkbox"/> Other: _____						

Internship Evaluation Form (Continued)

III. PROFESSIONAL PERSONALITY

OUTSTANDING	VERY GOOD	SATISFACTORY	NEEDS IMPROVEMENT	NOT APPLICABLE	COMMENTS
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___ Is Enthusiastic					
___ Is Cheerful and Friendly					
___ Exhibits Pleasant, Tasteful Personal Appearance					
___ Is Courteous and Tactful					
___ Exhibits Strong Voice Quality, Speech Presentation, Tone and Inflection					
___ Displays Sense of Humor					
___ Displays Mature Judgment					
___ Is Consistent and Fair With Interpersonal Relationships in the Workplace					
___ Demonstrates Flexibility					
___ Displays Concern for Others					
___ Avoids Distracting or Irritation Mannerisms					
___ Other					

IV. PROFESSIONAL ATTITUDE

___ Displays Initiative and Imagination					
___ Displays Zeal for the Profession					
___ Accepts Assignments Willingly					
___ Upholds departmental Policies					
___ Demonstrates Positive Relationships With Agency Staff Members					
___ Accepts Suggestions, Direction and Critical Evaluation					
___ Offers Opinions and suggestions at Appropriate Times/Place					
___ Other: _____					

Internship Evaluation Form *(continued)*

COMMENTS

Space is provided below for additional comments concerning this evaluation. If more space is needed, please attach a sheet or use the back of this form.

STUDENT'S COMMENTS

RATER'S COMMENTS

SUMMARY OF EVALUATION CONFERENCE (complete by rater)

PLEASE COMPLETE THE FOLLOWING TO VERIFY STUDENT'S PARTICIPATION IN INTERNSHIP.

This is to verify that, at the time of this evaluation, this student has completed

_____ Weeks of his/her Internship and has _____ cumulative hours to date.

(Note: Student has maintained a record of cumulative hours to date.)

Rater's Signature _____ Date _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____