

Department of Criminology, Law, and Justice (MC 141)  
4022 Behavioral Sciences Building  
1007 West Harrison Street  
Chicago, Illinois 60607

**INTERN EVALUATION FORM – FINAL**

Note: To be completed only by the person(s) supervising the intern. Please share this evaluation with the intern.

Student's Name: \_\_\_\_\_

Organization / Agency: \_\_\_\_\_

Field Supervisor: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

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Objectives of intern's assignment(s): \_\_\_\_\_

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Please evaluate the intern on your stated objectives. Place an X in the most appropriate box.

	A Excellent	B Good	C Average	D Barely met objectives	F Failed to meet objectives
<b>Cooperation</b> – working with and relating to associates and supervisors					
<b>Judgment</b> – ability to evaluate situations and make decisions					
<b>Initiative</b> – general resourcefulness and imagination					
<b>Dependability</b> – attendance, punctuality, and productivity					
<b>Knowledge of the job</b> – understanding of his/her duties					
<b>Reaction to criticism</b> – student’s ability to react to and learn from criticism					
<b>Growth</b> – general growth and progress					
<b>Overall rating</b>					

Would you be interested in having students from UIC placed in your organization next semester?    \_\_\_ Yes \_\_\_ No

\*Suggested Overall Grade: \_\_\_\_\_

Any additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above named intern successfully completed a minimum of 180 hours of field experience in this agency.

Supervisor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Suggested grade from the agency supervisor does not guarantee final grade in the course. The Intern must also meet with academic requirements from their faculty sponsor.**