

Internship Agency Evaluation

Name of Student Intern

Date of Evaluation

Agency Name: _____

Supervisor's Name: _____

➤ **Please record the following numerical values for the below skills, traits, and attributes:**

Poor	Fair	Average	Good	Superior
1	2	3	4	5

Personal Work Skills

Appropriate work attire _____

Punctual in scheduled shift _____

Dependable in assigned duties _____

Reliable in accurate reporting _____

Interpersonal Relations and Communications Skills

Respectful manner and decorum _____

Communicates orally in a clear manner _____

Writes accurately and coherently _____

Works with agency personnel _____

Respects members of the public _____

Sensitivity to culturally diverse groups/clients _____

Works/interacts well with persons of a race other than her/his own _____

Professional Practitioner Skills

Level of maturity for profession _____

Understanding of agency function _____

Ability to follow orders/policies _____

Exercises sound judgment _____

Capacity for Professional Development

Level of preparation for duties _____

Quality of work production _____

Willingness to contribute _____

Ability to apply theory to practice _____

Desire to learn and master tasks _____

Practitioner Evaluation

Capable of employment at agency _____

Capable of employment in law enforcement/security field _____

Suitability for employment in criminal justice field _____

Additional Comments: Please use Back of form

Signature of Agency Supervisor

