

Department of History, Boise State University

EVALUATION FORM FOR INTERNS

Name of student intern:
Agency with which internship was arranged:
Name of agency supervisor:
Agency address:
Phone #:
E-mail:
Total hours intern worked:

Brief description of internship purpose and objectives:

Please evaluate the intern's performance in the areas of attendance, ability to accept and follow directives, conscientiousness, competence in assigned tasks, ability to learn from work experience, attitude, and other areas of performance observed by supervisor:

Other comments:

Supervisor's signature (if submitted by e-mail, a digital signature is fine):

*If **fall semester** please return form before December 15, if **spring semester** return form before May 15 to Prof. Bob H. Reinhardt, Internship Coordinator, at bobreinhardt@boisestate.edu.*

Questions? Email Prof. Reinhardt at bobreinhardt@boisestate.edu or call (208) 426-1367.

Thank you!