

(INSERT FACULTY NAME) INTERNSHIP PROGRAM

Student Name:		Student Number:	
Company:		Location:	
Job Title:			
Internship Period:	/ / to / /	Length in months:	4 8 12 16
Supervisor Name:		Phone Number:	
		Email:	

SUPERVISOR CHECK-IN

This document is a mid-point check-in to review the student's performance to date in the internship. At the end of the student's work term, you will be asked to complete a detailed performance evaluation.

Student's Conduct in Workplace

1. Attendance:

Very unsatisfied Unsatisfied Satisfied Very satisfied

Additional comments: _____

2. Punctuality:

Very unsatisfied Unsatisfied Satisfied Very satisfied

Additional comments: _____

3. Professionalism (e.g., attire, language):

Very unsatisfied Unsatisfied Satisfied Very satisfied

Additional comments: _____

4. What are the student's responsibilities/tasks?

5. Please comment on the student's interpersonal, communication, and teamwork skills:

6. Please comment on the student's technical skills:

7. Does the student show initiative and motivation?

8. How does the student respond to feedback?

Skills Development

9. Did you meet with the student at the beginning of the internship to discuss expectations and develop learning outcomes? If yes, please discuss.

10. Do you provide guidance/mentorship, support, and feedback on a regular basis? If yes, please describe.

11. What are this student's strengths?

12. Are there any areas for development? If yes, have you discussed these with the student?

Wrap-Up/Final Questions

13. Is there anything we could do to make the Internship Program more effective for you and/or your organization/company?

14. Do you have any suggestions for preparing students prior to their internship?

15. Please rate your overall satisfaction with your current intern:

- Very unsatisfied Unsatisfied Satisfied Very satisfied

Additional comments: _____

16. Will you recruit interns again from Western?:

- Yes No Undetermined

Additional comments: _____

17. Remind the Supervisor of next steps (check off once reviewed):

- Final Self-Assessment and Final Evaluation requirements

Other: _____

Please sign and date to acknowledge your agreement below, and submit your completed document to the Internship Coordinator either in-person or via email at (insert email address).

	Signature	Date
Internship Supervisor:		
Internship Coordinator:		