

****This form is to be completed by the Project Supervisor****

<p>University of Florida Evaluation Form Master of Public Health Program</p>

Student Name: _____

Semester: Fall _____ Spring _____ Summer _____ Year _____

Agency: _____

Supervisor: _____

5 = Excellent	2 = Below Average
4 = Good	1 = Poor
3 = Average	N/A= Not Applicable

Evaluation Items

1.	Promptness & dependability	5	4	3	2	1	N/A
2.	Appearance (suitable)	5	4	3	2	1	N/A
3.	Ability to relate & work with clients	5	4	3	2	1	N/A
4.	Ability to relate & work with staff members (cooperation, helpfulness, etc.)	5	4	3	2	1	N/A
5.	Ability to maintain confidentiality	5	4	3	2	1	N/A
6.	Flexibility	5	4	3	2	1	N/A
7.	Ability to solve problems which arise	5	4	3	2	1	N/A
8.	Adequate preparation to do tasks assigned	5	4	3	2	1	N/A
9.	Evidence of enthusiasm in work	5	4	3	2	1	N/A
10.	Demonstrated responsibility	5	4	3	2	1	N/A
11.	Demonstrated content knowledge	5	4	3	2	1	N/A
12.	Demonstrated communication skills	5	4	3	2	1	N/A

13.	Demonstrated professional attitude (interest in the fields, attendance, etc.)	5	4	3	2	1	N/A
14.	Response to supervision (ability to accept, profit from suggestions to improve performance)	5	4	3	2	1	N/A
15.	Research ability	5	4	3	2	1	N/A
	Overall contribution to the agency	5	4	3	2	1	N/A

To what degree would you say that the internship goals have been accomplished thus far?

What recommendations do you have which would contribute to the professional development of this person?

Based upon your overall evaluation of the Intern's efforts, please indicate the most appropriate score value on the scale below.

Poor									Excellent
60	65	70	75	80	85	90	95	100	

- A = 90 or higher
- B = 80
- C = 70
- D = 60
- E = 60 or below

Signature, Agency Supervisor

Date

Agency Supervisor:

If you have any questions, feel free to contact the MPH office:

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