

# BADM 4950 Internship Supervisor Evaluation

Student Name: \_\_\_\_\_  
 GW Email: \_\_\_\_\_@gwmail.gwu.edu  
 Internship Tem:    Spring  Summer  Fall   Year: \_\_\_\_\_

## Internship Information

Company/Organization: \_\_\_\_\_ Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

## Supervisor Evaluation Instructions:

- Email the completed form to [GWSBADV@gwu.edu](mailto:GWSBADV@gwu.edu) (we will not accept this form directly from students)
- Please evaluate the student's performance based on the following criteria, as applicable. You may use a separate sheet if additional comments are needed to evaluate the student's performance:

	Exceeded Expectations	Met Expectations	Did Not Meet Expectations	N/A
Adaptability				
Critical Thinking				
Initiative				
Interpersonal Skills				
Leadership Potential				
Professionalism				
Punctuality				
Quality of Work				
Teamwork				
Verbal Communication				
Work Ethic				
Writing Skills				

In my opinion, the student has successfully fulfilled the expectations of the internship    Yes    No

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_