BRITE Program Internship - Performance Evaluation

Student Intern Name: ________________________________________________

Internship Agency: ________________________________________________

Agency Supervisor: ________________________________________________

Human Resources Contact: ___________________________________________

UBC Faculty/Mentor Advisor: _________________________________________

Internship Title: ____________________________________________________

Internship Start Date: ________________  End Date: ________________

GENERAL GUIDELINES:

a) The intent of the evaluation is to assist the graduate student’s education by providing constructive feedback on areas of strength and areas requiring further development.

b) The evaluation should be provided by the Agency Supervisor to the graduate student at the conclusion of the internship experience.

c) The student and Agency Supervisor are expected to sign the evaluation.

d) The completed form should be returned to the BRITE Internship Co-ordinator.

AGENCY SUPERVISOR TO COMPLETE:

(1) Did the student participate as an effective team member?

Exceeded Requirements ________  Has not met Requirements ________

Met Requirements __________

Comments: _________________________________________________________

_______________________________________________________________
(2) Did the student complete all project requirements as per the Internship Agreement?
Exceeded Requirements ________ Has not met Requirements ________
Met Requirements ________
Comments: ______________________________________________________
_________________________________________________________________
_________________________________________________________________
(3) Areas of Strength
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
(4) Areas Needing Improvement
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Overall Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Agency Supervisor: ___________________________ Date: __________________
Intern: ________________________________ Date: __________________
Human Resources Contact: ___________________________ Date: ______________