

**Eastern Illinois University**  
**Department of Counseling and Student Development**  
**College Student Affairs Program**  
**CSD 5880 - Internship in Student Affairs**

**Supervisor Evaluation**  
[To be completed by the on-sight supervisor]

Please rate the student who completed an internship in your area. Include any comments that will assist the course instructor in assigning a pass/fail grade. A meeting with the student for a final evaluation prior to the returning of this evaluation to the course instructor is recommended.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Rating Scale: 1 = completely failed to meet expectations  
2 = minimally adequate but less than expected  
3 = satisfactory met expectations  
4 = exceeded expectations  
5 = exceptional performance  
N = No opportunity to observe (or practice)

1. Personal warmth and ability to relate to individuals (students/faculty/admin) from diverse backgrounds.

Circle one:    1        2        3        4        5        N

Comments:

---

---

2. Willingness to listen and effectively communicate information verbally.

Circle one:    1        2        3        4        5        N

Comments:

---

---

3. Ability to work with departmental personnel (clerical and professional).

Circle one: 1 2 3 4 5 N

Comments:

---

---

4. Administrative skills and ability to work without close supervision.

Circle one: 1 2 3 4 5 N

Comments:

---

---

5. Leadership, group work, and counseling skills.

Circle one: 1 2 3 4 5 N

Comments:

---

---

6. Takes initiative to complete tasks and seeks opportunities to learn.

Circle one: 1 2 3 4 5 N

Comments:

---

---

7. General and specific knowledge of departmental responsibilities and activities.

Circle one: 1 2 3 4 5 N

Comments:

---

---

8. Participation in departmental activities.

Circle one: 1 2 3 4 5 N

Comments:

---

---

9. Knowledge of student development theories and ability to utilize them in practice.

Circle one: 1 2 3 4 5 N

Comments:

---

---

10. Potential as student affairs professional.

Circle one: 1 2 3 4 5 N

Comments:

---

---

11. Level of motivation to complete agreed upon goals and assignments.

Circle one: 1 2 3 4 5 N

Comments:

---

---

12. Confidence and sense of personal ability.

Circle one: 1 2 3 4 5 N

Comments:

---

---

13. Observable professional growth.

Circle one: 1 2 3 4 5 N

Comments:

---

---

14. Research skills.

Circle one: 1 2 3 4 5 N/A

Comments:

---

---

15. Problem solving ability.

Circle one: 1 2 3 4 5 N

Comments:

---

---

16. Written communication skills.

Circle one: 1 2 3 4 5 N

Comments:

---

---

17. Progress towards goals.

Circle one: 1 2 3 4 5 N

Comments:

---

---

18. Specific area(s) of strength.

Circle one:    1       2       3       4       5       N

Comments:

---

---

19. Suggested areas for improvement.

Circle one:    1       2       3       4       5       N

Comments:

---

---

20. Please comment on how well you feel the student met the goals contracted with you prior to the start of the internship.

---

---

---

---

Recommended Grade:       Pass               Fail

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return completed evaluation form to:

Dr. James Wallace or Dr. Charles Eberly  
Department of Counseling and Student Development  
Eastern Illinois University  
600 Lincoln Ave.  
Charleston, IL 61920