

**Criminology & Criminal Justice Department Internship  
Supervisor Evaluation Form**

Thank you for taking the time to supervise our student's internship this semester. We appreciate your collaboration and support in helping our students achieve their professional goals. Please complete the form below with reference to your student intern. Please note that the contents of this form will only be viewed by the Internship Director unless access is granted below for the student to view the completed form.

**Section I Student Information**

Student name: \_\_\_\_\_  
Internship agency/organization name: \_\_\_\_\_  
Internship agency/organization address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Student start date: \_\_\_\_\_ Student end date: \_\_\_\_\_  
Number of hours completed at internship site: \_\_\_\_\_

**Section II Supervisor Information** (representative completing evaluation on behalf of the agency/organization)

Supervisor name: \_\_\_\_\_  
Supervisor title: \_\_\_\_\_  
Supervisor email address: \_\_\_\_\_  
Supervisor telephone #: \_\_\_\_\_

**Section III Evaluation Items**

1. Should the student be granted access to view the contents of this evaluation?
  - Yes
  - No
  
2. Was the intern academically prepared for this internship?
  - Yes
  - NoIf no, please describe any deficiencies below:

3. Using the drop-down menus, please evaluate the intern on the areas listed below:

	Poor	Average	Above Average	Excellent
Cooperation; works well with others				
Communicates well orally				
Communicates well in writing				
Productivity and organization				
Self-starter; takes initiative				
Accurate and thorough				
Ability to work under pressure				
Flexibility; ability to adjust to non-routine assignments				
Effective time management skills				
Independence; ability to work without close supervision				
Problem-solving/decision-making skills				
Professionalism				

4. Overall, what aspects of the intern's performance were most positive?

5. Overall, what aspects of the intern's performance need improvement?

6. Are there any additional comments you would like to share with the Internship Director regarding the student?

### Section IV Certification

My signature below certifies that I supervised the above-named intern and that the information contained in this form is true and accurate as of the time and date completed.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the completed evaluation form\* to Dr. Amy Hyman Gregory, Undergraduate Program Director/Internship Director, Department of Criminology & Criminal Justice at [amyhyman@fiu.edu](mailto:amyhyman@fiu.edu).

\*Please note that this form must be submitted directly to the Internship Director by the Internship Supervisor. This form should not be completed or submitted by the student. For questions, please contact Dr. Amy Hyman Gregory at 305-348-7917 or [amyhyman@fiu.edu](mailto:amyhyman@fiu.edu).