

EVALUATION OF STUDENT INTERNSHIP PERFORMANCE

Please complete this evaluation of your student intern and return it to us via fax (206) 685-2017, attention: Sudhir Mahadevan, or arrange to have the student intern deposit a hard copy with Sudhir Mahadevan (sudhirm@u.washington.edu)

Student Name: _____

Internship Organization: _____

Supervisor: _____

Supervisor's Contact Information (Phone and email): _____

Intern Period (enter quarter/s): _____

This student has contracted to complete a minimum of _____ hours per week at the internship. Will this contract be fulfilled by the end of the intern period or academic quarter?

yes no

If not, please explain below.

Please provide an evaluation of the student's internship performance below#