

Department of History, Boise State University
EVALUATION FORM FOR INTERNS

Name of Student Intern _____ Date _____

Agency with which internship was arranged _____

Name of Agency Supervisor _____

Agency address _____
Street City State Zip

Phone# _____ Email _____

Total hours intern worked _____

Brief description of internship purpose and objectives:

Please evaluate the intern's performance in the areas of attendance, ability to accept and follow directives, conscientiousness, competence in assigned tasks, ability to learn from work experience, attitude, and other areas of performance observed by supervisor:

Other comments:

Supervisor's signature _____

*If **fall semester** please return form before December 15, if **spring semester** return form before May 15 to Internship Coordinator, History Department, Boise State University, Boise, ID 83725, or fax to (208)-426-4058, or email to edjones@boisestate.edu. Thank you.*