

Supervisor Midterm Appraisal

Date:

Student Name:

Supervisor Name:

Supervisor Title:

Phone:

Projects Completed:

Current or Pending Projects:

Performance Appraisal:

	Excellent	Good	Satisfactory	Needs Improvement	Poor
Use of working time					
Quality of work					
Initiatives – Assumes Responsibility					
Ability to learn					
Communication skills					
Accepts feedback and learns from it					
Adaptable to changing situations					
Performance in stressful situations					
Meets deadlines					
Demonstrates ability to meet and deal with clients or customers					
Reliable and prompt					
Maintains appropriate appearance					

Suggested Improvements:

Supervisor's Comments:

Supervisor's Signature:

Intern Review:

If the intern wishes to do so, any comments concerning the evaluation (agreement or disagreement) may be indicated in the space below:

I have reviewed this document and discussed the contents with my supervisor. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with this evaluation.

Student/Intern Signature:

Date:

Please return form to Dr. Susan Chizeck, chizeck@utdallas.edu Director of Internships, UTD. Fax: 972-883-2440 Phone: 972-883-2248