

Department of Intellectual and Developmental Disabilities **Student Intern Evaluation**

Intern's Name: _____

Supervisor's Name: _____

Instructions: The DIDD supervisor is to fill out this form at the completion of the intern's internship period and review all comments with the intern. Both the intern and the DIDD supervisor are to sign the bottom of this form once they review all comments together. This document will be submitted to the DIDD Internship Coordinator, intern and faculty sponsor upon completion.

	E=Exceeds Expectation M=Meets I	Expect	xpectations P=In Progress U = Unsatisfactory			
Standards		Ε	Μ	Р	U	Comments
1.	 responsibility Meets deadlines for required tasks Adheres to attendance and punctuality requirements Attends meetings as required Interacts positively with other staff and interns Offers unsolicited assistance to other staff and interns 					
2.	 Demonstrates a positive attitude Addresses concerns using appropriate methods (e.g., does not openly complain to other staff) Responds to feedback by improving performance Is enthusiastic about assigned tasks 					
3.	 Demonstrates the ability to complete assigned daily tasks Responds with speed to instruction from Staff or other Professional/Administrative Staff Asks questions if clarification is needed Is able to problem solve 					
4.	 Demonstrates a willingness to learn Has a positive attitude toward learning by using newly learned skills effectively Asks questions to improve knowledge Is attentive and takes notes when appropriate 					
5.	 Demonstrates ability to utilize available resources Actively seeks knowledge of innovative ideas, processes, products from the industry 					
6.	 Demonstrates innovation Exhibits creative thinking during projects and meetings by suggesting creative ideas and solutions to issues 					
7.	 Demonstrates an understanding of DIDD Is able to answer questions about DIDD processes and able to contribute to meetings and committees 					

Please list any areas for improvement needed by the intern based upon this internship experience.

Please comment on the overall success of the internship program and any effects (positive or negative) that it may have had on your divisions goals.

Please leave any additional comments below.

Student Intern Signature

Date

DIDD Supervisor Signature

Date