

**Internship Supervisor Evaluation of Intern**  
 Submit via mail or fax to: (212) 995-4163  
**NEW YORK UNIVERSITY**  
 Center for Latin American and Caribbean Studies  
 53 Washington Square South, Suite 4W , New York, NY 10012  
 Fax # : (212) 995-4163; phone: (212) 998-8686

Name of Student Intern: \_\_\_\_\_

Host Institution: \_\_\_\_\_

Dates of Internship: \_\_\_\_\_

**PLEASE RATE AS FOLLOWS:**

1 = Excellent    2 = Good    3 = Satisfactory    4 = Fair    5 =  
 Poor

**PLEASE CIRCLE ONE:**

Personal Qualities

1. personal initiative	1	2	3	4	5
2. independence of thought, originality	1	2	3	4	5
3. maturity	1	2	3	4	5

Intellectual Abilities

1. analytical skills	1	2	3	4	5
2. problem-solving skills	1	2	3	4	5
3. organizational skills	1	2	3	4	5
4. growth in knowledge of subject matter	1	2	3	4	5

Professional Qualities

1. motivation, industry, persistence	1	2	3	4	5
2. regularity of attendance	1	2	3	4	5
3. willingness to be supervised	1	2	3	4	5
4. willingness to cooperate with others	1	2	3	4	5
5. effectiveness of communication	1	2	3	4	5
6. ability to profit from criticism	1	2	3	4	5

Additional remarks about the student's internship performance are welcome. Please attach a separate sheet or write on the back if more room is needed (if faxing, transmit both sides).

Suggested grade:    A    A-    B+    B    B-    C+    C    C-    D    F

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Phone number