## AGRICULTURAL AND RURAL POLICY STUDIES

## **Internship Final Evaluation**

Student					
Name	First Name	Middle Name	Last Name		
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organization Name					
L	Name			J	
Supervisor Name					
ſ	First Name	Last Name		Position or Title	
L	Telephone	E-mail		J	
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Organizational skills	Please evaluate the student based on the Mark the appropriate box below.	eir perfo	ormance at	your org	anization.							
Quality of work		Poor	Average	Good	Excellent							
Professionalism	Organizational skills											
Relationships with clients/customers Relationships with organization staff Poise Poise Responsibility Initiative Work ethic Work attitude Work attitude  By mail:  Responsibility Responsi	Quality of work											
Relationships with organization staff	Professionalism											
Poise Responsibility Initiative Work ethic Work attitude Please feel free to provide additional comments.  Please sign this evaluation form below. Thank you for providing internship experiences for ISU students!  Return the form to us using ONE of the three options!  By mail: By email: On the web:	Relationships with clients/customers											
Responsibility	Relationships with organization staff											
Initiative	Poise											
Work ethic	Responsibility											
Work attitude	Initiative											
If you had to assign a letter grade (A through F), how would you evaluate the student's overall performance with your organization?  A B C D F   Please feel free to provide additional comments.  Please sign this evaluation form below.  Thank you for providing internship experiences for ISU students!  Supervisor Signature  Date  Return the form to us using ONE of the three options!  By mail: By email: On the web:	Work ethic											
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Tel. (515) 294-6303

(on-line form)

Dr. David Peters 302 East Hall 510 Farm House Lane Ames, IA 50011-1054