



University of Michigan – Department of Health Behavior and Health Education

**STUDENT INTERN EVALUATION**

Student:

Organization:

Name and Title of Supervisor:

Time Period of Internship:

The following form is designed to help you assess the student's performance. Please use your comments as a guide to discuss the student's strengths and potential as well as progress made during the internship. Please try to comment on each question.

1. Briefly describe the student's responsibilities and activities during the internship.

How well did the student demonstrate skills in the following areas: (Please check one and comment).

2. PLANNING AND/OR IMPLEMENTING a health education program.

- |                          |   |           |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Outstanding                                       | Comments: |
| <input type="checkbox"/> | Very Good   |           |
| <input type="checkbox"/> | Good  |           |
| <input type="checkbox"/> | Needs further training                            |           |
| <input type="checkbox"/> | Limited opportunities to observe / not applicable |           |

3. KNOWLEDGE of health behavior and health education principles and theory.

\_\_\_ Outstanding                      Comments:

\_\_\_ Very Good

\_\_\_ Good

\_\_\_ Needs further training

\_\_\_ Limited opportunities to observe / not applicable

4. ASSESSING needs of the targeted population.

\_\_\_ Outstanding                      Comments:

\_\_\_ Very Good

\_\_\_ Good

\_\_\_ Needs further training

\_\_\_ Limited opportunities to observe / not applicable

5. Designing or selecting appropriate INTERVENTION ACTIVITIES.

\_\_\_ Outstanding                      Comments:

\_\_\_ Very Good

\_\_\_ Good

\_\_\_ Needs further training

\_\_\_ Limited opportunities to observe / not applicable

6. Designing or selecting appropriate INTERVENTION MATERIALS.

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

7. Designing and/ or implementing an EVALUATION plan.

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

8. Providing CONSULTATION, TRAINING, and/or TECHNICAL ASSISTANCE.

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

9. COORDINATING RESOURCES?

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

10. Identifying / analyzing POLICIES with implications relevant to the particular internship?

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

11. Facilitating COMMITTEE AND GROUP efforts?

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

Please evaluate the student's mastery of the skills necessary to:

12. EXPRESS IDEAS VERBALLY?

- Outstanding                      Comments:
- Very Good
- Good
- Needs further training
- Limited opportunities to observe / not applicable

13. EXPRESS IDEAS IN WRITING?

- Outstanding                      Comments:
- Very Good
- Good
- Needs further training
- Limited opportunities to observe / not applicable

14. WORK INDEPENDENTLY?

- Outstanding                      Comments:
- Very Good
- Good
- Needs further training
- Limited opportunities to observe / not applicable

How well did the student demonstrate skills to COLLABORATE:

15. with OTHER PROFESSIONALS?

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

16. with COMMUNITY / LAY PEOPLE?

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

17. with DIFFERENT GROUPS OF PEOPLE?

Outstanding                      Comments:

Very Good

Good

Needs further training

Limited opportunities to observe / not applicable

Please comment on the student's professional and personal characteristics (as they are relevant) in light of the following categories.

18. RESPONSIBILITY

19. INITIATIVE / MOTIVATION

20. CREATIVITY

21. ABILITY TO ORGANIZE TIME

22. FLEXIBILITY

23. Please comment on any particular strengths or weaknesses you observed in the student during the internship. Specific suggestions for further study or practice would be helpful

24. Please describe any improvements you have noticed in the student's performance over the course of the internship.

25. Please comment on the student's overall quality of work and whether you would recommend this student for a position in a similar organization.

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU

Return within 2 weeks after internship in completed.  
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To the student:

Your signature below indicates neither agreement nor disagreement with the content of this evaluation, but indicates that you have read this document and you have discussed its content with your supervisor. If you wish, you may comment in the space below (use back of sheet if necessary).

Student signature \_\_\_\_\_

Date \_\_\_\_\_