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**Student Internship Evaluation**

**Intern’s Name: Job Title:**

**Company: Company’s Website:**

**Employer Address: City, State, Zip:**

**Supervisor: Title:**

**Email: Phone:**

**Evaluation Period: to**

(DD/MM/YY) (DD/MM/YY)

|  |  |
| --- | --- |
| **RATING ELEMENTS**Rate each intern’s performance by entering an “X” under one of the factors in the rating section at the right for each element. | **RATINGS (check one)** |
| Excellent | Above Average | Satisfactory | Marginal | Unacceptable |
| **JOB PERFORMANCE:** Consider the quality, quantity and timeliness in accomplishing tasks. Did the intern work without constant supervision, show initiative and interest in work? |  |  |  |  |  |
| **WORK HABITS:** Consider ability to manage time, professional attitude, and willingness to learn. Did the intern seek out and utilize appropriate resources, as well as accept constructive criticism and increasing responsibility? |  |  |  |  |  |
| **KNOWLEDGE OF WORK:** Consider the intern’s knowledge and skills appropriate for the profession. Did the student demonstrate an understanding of concepts and practices of the profession? |  |  |  |  |  |
| **COMMUNICATION:** Consider the intern’s ability to write effectively and efficiently in the form and style appropriate to the profession. Was the intern able to evaluate his/her own work and that of others for accuracy and fairness? |  |  |  |  |  |
| **PROBLEM SOLVING:** Consider the intern’s ability to think critically, creatively and independently. Was the intern able to collect and evaluate various forms of information? |  |  |  |  |  |
| **PROFESSIONALISM:** Consider the intern’s sense of values, respect for the profession as well as the employees in the company. Did the intern show respect for the diversity within the profession and the company? |  |  |  |  |  |
| **ETHICS:** Did the intern demonstrate an understanding of professional ethical principles and work ethically in pursuit of truth, accuracy, fairness and diversity in accordance with the standards of the profession? |  |  |  |  |  |
| **GENERAL CONDUCT:** Consider the intern’s punctuality, adherence to work schedules, appropriateness of dress for the position, manner and courtesy on the job and relations with the public**.** |  |  |  |  |  |
| **OVERALL EVALUATION**: Did the intern meet established employer expectations? Consider the ratings for all of the personal and performance elements above. |  |  |  |  |  |

**COMMENTS:** (feel free to attach a separate sheet with your comments)

**DUTIES/RESPONSIBLITIES:** (feel free to attach a separate sheet with your comments)

Supervisor’s Signature: Date:

Intern’s Signature: Date:

Adviser’s Signature: Date:

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**E.W. SCRIPPS SCHOOL OF JOURNALISM**

**INTERNSHIP EVALUATION FORM**

**To be completed by intern:**

|  |  |
| --- | --- |
| DATE: | TOTAL HRS WORKED DURING INTERNSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TOTAL HRS EARNED TOWARD COMPLETING BSJ: \_\_\_\_\_\_\_\_\_\_\_ |
| STUDENT:  | PID#: P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ADVISER:  | TRACK: N&I BJ6906 Strat Comm BJ6907 CVA BJ6910 |
| CATALOG OF ENTRY (e.g. 2018-2019)  | MONTH/YEAR EXPECTED GRADUATION:  |
| SEMESTER**FALL / SPRING / SUMMER** | INTERNSHIP YEAR: INTERNSHIP FORMAT: On-site Remote |
| PAID **YES / NO** | AMOUNT PAID | HRS. PER WEEK | Number of approved internships you have completed:   | Personal website url (if you have one): |
| HOME ADDRESS | CITY, STATE | ZIP CODE |
| EMAIL:  | PHONE: |

**Company Type (circle all that apply):**

Newspaper | Magazine | Nonprofit | Television | Radio

Public Rel. | Advertising | Corporate Comm | Digital/Web only | Other (specify)

**Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skill sets utilized (circle all that apply):**

Reporting | Editing | Graphics/design | Social media | Photography

Writing - PR | Writing – Ad copy | TV producing | Data analysis | Other (specify)

**Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU WILLING TO BE CONTACTED BY STUDENTS ABOUT THIS INTERNSHIP?  **YES / NO**

**ATTACH AS A SEPARATE SHEET: A TYPED CRITIQUE OF YOUR INTERNSHIP EXPERIENCE. HOW VALUABLE WAS THIS INTERNSHIP? EXPLAIN IN DETAIL WHAT YOU LEARNED.**

**Journalism students: Sign front page and return this form with typed critique to:**

Ms. Julie Conrad

E. W. Scripps School of Journalism
Schoonover Center 200

1 Ohio University

Athens, OH 45701-2079

For additional information, e-mail: conradj1@ohio.edu

\*Note to student: Please complete **both** sides of this evaluation form and submit your typed critique on separate sheet of paper. Incomplete forms will not be processed.