Northwest Missouri State University
Missouri Legislative Intern Performance Evaluation

Term of Internship: ___ Sum ___ Fall ___ Spring Date of Evaluation: _____

Student Name: _____

Representative/Senator Name:_____

Supervisor: _____

Supervisor email/phone: _____ / _____

Please return this form to Dan Smith, Faculty Internship Coordinator – desmith@nwmissouri.edu

Brief Job Description:

Please rate the intern's performance in the following areas:

Rating Scale:
1 = Exceeded Expectations
2 = Met Expectations
3 = Did Not Meet Expectations

1) Quality of Work – productivity, oral/written/computer skils	**1**	**2**	**3**

Comments:

2) Professionalism – attitude, responsibility, interpersonal skills	**1**	**2**	**3**

Comments:

3) Potential – for permanent employment in a similar position	**1**	**2**	**3**

Comments:

4) Overall Performance	**1**	**2**	**3**

Comments: