

Beginning Internship Competency Evaluation

Name: _____	ID#: _____
Company: _____	Department: _____
Supervisor's Name: _____	Supervisor's Email: _____
Supervisor's Title: _____	Hours Worked Per Week: _____
Start Date: _____	End Date: _____

Directions: Students, please work with your internship site supervisor to complete this competency ranking form and set specific goals for your internship term. A supervisor is required to complete the evaluation and sign for credit on this assessment.

COMPETENCY EVALUATION

This evaluation is designed to assess growth along a selection of the Walton Career Readiness Competencies. The competencies are part of the Students Achieving Milestones (S.A.M.) program. More information about the program can be found at this link: <https://walton.uark.edu/student-success/>

When completing the evaluation, please **use average performance expectations for a new entry-level employee as the baseline for your rating**. This helps establish a clear developmental framework for the intern and allows us to assess growth over the course of the internship term. It is expected that early-term evaluations will show different ratings than the final evaluation.

Self & Social Awareness

Intern understands their own abilities, strengths and weaknesses, character traits, including confidence, presence and non-verbal social cues; Intern interprets their audience and environment and recognizes they are accountable for their own actions.

___ Never ___ Rarely ___ Sometimes ___ Often ___ Always

Comments/ Suggestions:

Critical Thinking/ Problem Solving

Intern exercises sound reasoning to analyze issues, make decisions and address problems; Has ability to use knowledge to interpret data and provide solutions.

___ Never ___ Rarely ___ Sometimes ___ Often ___ Always

Comments/ Suggestions:

Communication

Intern can articulate and express individual thoughts and ideas clearly and effectively in written and verbal formats including through technology; Is capable of communicating their own story.

___ Never

___ Rarely

___ Sometimes

___ Often

___ Always

Comments/ Suggestions:

INTERNSHIP GOALS

Working with your supervisor, identify three main goals that you plan to accomplish during your internship term. The goals should indicate what skills and knowledge you will gain as a result of the internship. These do not have to be related to the specific career readiness competencies we are evaluating. Please be sure to state the action plan indicating how you will accomplish each goal.

Example:

Objective: I would like to learn how to develop a simple, professional marketing plan.

Action Plan: 1) I will find and study past marketing plans to see what is involved, 2) I will attend department meetings and complete marketing duties as assigned.

Result: I will know I completed this objective when I can identify the key components of a marketing plan and I can articulate the process to my supervisor.

Importance: This objective is important to me because I would like to own my own business and I know that a marketing plan is important to succeed.

Goal #1

Objective: What would you specifically like to know or be able to do by the end of your internship?

Action Plan: What will you do to accomplish this goal? Provide at least 2 specific actions.

Result: How will you and others know you have accomplished your goal? Be specific.

Importance: Describe why this objective is important to you.

Goal #2

Objective: What would you specifically like to know or be able to do by the end of your internship?

Action Plan: What will you do to accomplish this goal? Provide at least 2 specific actions.

Result: How will you and others know you have accomplished your goal? Be specific.

Importance: Describe why this objective is important to you.

Goal #3

Objective: What would you specifically like to know or be able to do by the end of your internship?

Action Plan: What will you do to accomplish this goal? Provide at least 2 specific actions.

Result: How will you and others know you have accomplished your goal? Be specific.

Importance: Describe why this objective is important to you.

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____