

End of 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 assess the specific goals that were set for your internship term. Please have a copy of your completed Beginning Internship Competency Evaluation form to assist with the completion of this evaluation. 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, as defined in the Students Achieving Milestones (S.A.M.) program. At the beginning of the internship term, you completed an evaluation of these competencies. Please revisit that completed form before moving through this 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

At the beginning of your internship term, you identified three main goals that you hoped to accomplish. This section will ask you to revisit these goals with your supervisor and discuss your progress.

Goal #1

What was the Objective set for Goal #1 at the beginning of the internship?

Was this goal accomplished? If yes, how did you do so? If not, what prevented you from doing so?

How has meeting (or not meeting) this goal impacted you professionally? What are your next steps related to this goal?

Goal #2

What was the Objective set for Goal #2 at the beginning of the internship?

Was this goal accomplished? If yes, how did you do so? If not, what prevented you from doing so?

How has meeting (or not meeting) this goal impacted you professionally? What are your next steps related to this goal?

Goal #3

What was the Objective set for Goal #3 at the beginning of the internship?

Was this goal accomplished? If yes, how did you do so? If not, what prevented you from doing so?

How has meeting (or not meeting) this goal impacted you professionally? What are your next steps related to this goal?

SUPERVISOR COMMENTS

Supervisors, please use this space to provide any additional comments or feedback about the intern's progress in developing the career readiness competencies and/or working toward their goals for the internship term.

STUDENT COMMENTS

Students, please use this space to provide some reflection on your development of the career readiness competencies and working toward your goals for this internship term. Which competency do you feel has been the biggest area of growth for you? Which goal has been the most important for you to achieve?

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____