

# Supervisor Evaluation Form for Internships

Department of Communication & Media  
State University of New York at New Paltz

**Return this form to:**

Robert Miller.  
Internship Director, Communication & Media  
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## Student (Intern) Information

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

## Site Supervisor Information

Name of On-site Supervisor \_\_\_\_\_  
email Contact for Supervisor \_\_\_\_\_@\_\_\_\_\_

The above named student interned at \_\_\_\_\_ under your direction during this semester. Thank you for directing a SUNY-New Paltz Intern from the Department of Communication & Media. Please fill out this form so that the student may receive academic credit for the hours worked at your site.

Student Interned from \_\_\_\_\_ (Begin Date) to \_\_\_\_\_ (End Date), 2007.  
Hours Intern Worked at Your Site (Total or Weekly, either is fine):

\_\_\_\_\_ total hours

(OR)

\_\_\_\_\_ hours per week, for \_\_\_\_\_ weeks during internship

**Assessment of Daily Activities: Please assess the student's work ethic and abilities as they relate to the primary activities of the internship.**

**Assessment of Learning Objectives: Please describe the professional-level skills and abilities that the student developed at this Internship Site with attention to the quality of student work.**

**Signatures**

**Intern (student)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Site Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Intern should make 3 copies of this form, when completed**  
**Copy #1 to Internship Director at SUNY--New Paltz**  
**Copy #2 for Site Supervisor's Records**  
**Copy #3 for Intern's Records**