BU College of Communication

640 Commonwealth Avenue
Boston, Massachusetts 02215
www.bu.edu/com

SUPERVISOR EVALUATION

To the Internship Supervisor: At the conclusion of the internship, please fill out and discuss with the student. In order for the student to receive academic credit, this form must be signed by you and the student, and returned to Sheila Sitomer, Faculty Internship Professor, ssitomer@bu.edu, by the last day of classes. The student will have that date. Thank you.

Intern's name (please print) _____

Your name and title (please print) _____

1. In general, how would you assess the overall quality of work done by the student?

2. What, in your opinion, were the student's areas of greatest strength and contribution?

3. What were the areas where the student could improve?

4. What suggestions do you have which would help the student to develop professionally?

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5. Are there specific skills or attributes that your company is looking for in an intern?

Would you be interested in employing another intern? Yes _____ No _____

If yes: Fall _____ Spring _____ Summer _____

Person to contact regarding future internships (name, title and email address):

Any further comments:

Thank you for your time and for your support of the College of Communication Film and Television internship program.

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____