



William McKeen
Professor and Chairman
Department of Journalism

INTERNSHIP EVALUATION FORM

Thank you for providing this internship opportunity for a student in our journalism program. In order for us to grant course credit for this student, we ask you to complete this form and return it to me at the address above or at wmckeen@bu.edu.

Thank you.

Student _____

Organization _____

Evaluator _____

Date _____ Internship Period _____

Hours worked per week (average) _____

Please circle or highlight the appropriate rating:

DEPENDABILITY	Excellent	Very Good	Good	Fair	Poor
ATTITUDE	Excellent	Very Good	Good	Fair	Poor
TASK ABILITY	Excellent	Very Good	Good	Fair	Poor
INITIATIVE	Excellent	Very Good	Good	Fair	Poor
ORGANIZATION	Excellent	Very Good	Good	Fair	Poor
ATTENDANCE	Excellent	Very Good	Good	Fair	Poor
OVERALL RATING	Excellent	Very Good	Good	Fair	Poor

Signature / date _____