**BOT 410 INTERNSHIP SUPERVISOR EVALUATION FORM**

**OSU Department of Botany & Plant Pathology**

Thank you for supervising a BOT410 student intern. As part of the student’s evaluation, we are soliciting your comments on his or her performance. Please evaluate the student in the areas listed below based on your experience with the student and the responsibilities and expectations outlined in the Internship Approval Form you completed with the student. Please complete this evaluation by Friday of the final week of the term (10th week) the student is registered for BOT410. If the student is graduating at the end of the term, please submit this evaluation by the Friday of the 8th week.

Please return this signed form in one of the following ways:

Mail: Dept. of Botany and Plant Pathology, 4575 SW Research Way, Corvallis OR 97333

E-mail: [kimberly.callahan@oregonstate.edu](mailto:melanie.link-perez@oregonstate.edu)

**Student:**

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Internship Title Dates of Internship

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**Please rate the following areas based on your experience with the student and the responsibilities and expectations outlined in the Internship Approval Form completed with the student.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor 🡪 Average 🡪 Outstanding  1. 2. 3. 4. 5. | | | | | No basis for opinion |
| Writing skills: concise, informative, neat |  |  |  |  |  |  |
| Verbal skills: clarity, coherence |  |  |  |  |  |  |
| Interpersonal skills: capacity for team work |  |  |  |  |  |  |
| Technical skills: instruments, field or lab methods |  |  |  |  |  |  |
| Botanical knowledge |  |  |  |  |  |  |
| Completion of assigned tasks |  |  |  |  |  |  |
| Punctuality and attendance |  |  |  |  |  |  |

Please elaborate on any of the items above you feel were important during the internship, particularly areas where the student improved or still has significant room for improvement.

**Please respond to the following questions and provide comments based on your experience with the student and the responsibilities and expectations outlined in the Internship Approval Form completed with the student.**

How did the student fulfill the responsibilities and expectations outlined in the Internship Approval Form? If not, what did they fail to fulfill?

How would you judge the student’s ability to function in a professional environment? How did this change over the course of the internship?

Did you provide the intern feedback about their performance?

Overall impression: Please comment on this student’s suitability for a career or employment in your field or organization. Please provide us with any additional comments or outstanding attributes, abilities, areas of improvement, etc.

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Supervisor’s Name Supervisor’s Signature

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Title

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