

Student Name _____

Sponsoring Organization _____

Supervisor Evaluator _____ Date _____

	Superior	Above Average	Average	Below Average	Unsatisfactory
Attitude					
Punctuality					
Dependability					
Ability to grasp instruction					
Initiative					
Creativity/Ingenuity					
* Writing Competence					
** Technical Competence					
** Performing Competence					

* Where applicable ** Where applicable. Please specify type.

Comments on the back of this form or on a separate sheet of paper are welcome.
This evaluation will be used in determining the intern's grade.

Please return this form by: _____

Please return this form to: _____

Department of Journalism and Mass Communications
Creighton University
2500 California Plaza
Omaha, Nebraska 68178-0119
Phone: 402-280-2825
Fax: 402-280-1494

If you have any questions, please call or email: _____

Phone: _____ Email: _____

Thank you for your assistance!