

Department of Criminal Justice 3291 Faculty/Administration Building Detroit, MI 48202 (313) 577-2705 / Fax (313) 577-9977

FIELD SUPERVISOR'S EVALUATION OF STUDENT INTERN

Student Name:						
Supervisor's Name:						
Agency/Organization:						
How many total hours has the student intern worked to date:						
Has/Will the student complete the required number of hours (120 hours):						
What kind of tasks does the student perform:						
How well does the student perform these tasks (from a profession	al viewpoint):					
A (Superior) B (Above Average)	C (Average)					
D (Below Average)	E (Failure)					
Comments:						
The WSU Criminal Justice Internship is an important learning expostudent to conduct him/herself in a professional manner and to pethat is expected from a regular employee. Based upon these intern's overall performance:	erience for all involved. We expect the erform the assigned tasks in such a way					
A (Superior) B (Above Average)	C (Average)					
D (Below Average)	E (Failure)					
We will incorporate your recommendation in determining the stude recommendation with the student, if you wish.	ent's final grade. You may discuss you					
Field Supervisor's Signature	Date					

Thank you for your participation in our Internship Program. We hope the experience has been beneficial for both you and the student. <u>Please return completed evaluation to the Wayne State University</u> <u>Department of Criminal Justice at the fax number or address listed above</u>.

Please feel free to make any additional comments concerning the overall performance of the studer ntern or the WSU Department of Criminal Justice Internship Program.						