

EAST CAROLINA UNIVERSITY
 Recreation and Leisure Studies
Student Evaluation of Faculty Internship Supervisor
(This will be kept confidential)

Student Name: _____ Date: _____

Agency: _____

University Internship Supervisor's Name: _____

Directions: Please evaluate your **University internship supervisor** by circling the appropriate number for each of the following qualities:

Qualities	Not Applicable	Not Acceptable	Poor	Fair	Good	Excellent
Clarification of Assignments		1	2	3	4	5
Prompt Communication		1	2	3	4	5
a. Written		1	2	3	4	5
b. Oral		1	2	3	4	5
Grading Timeliness		1	2	3	4	5
Grading Fairness		1	2	3	4	5
Performance Feedback		1	2	3	4	5
Effective Advocate		1	2	3	4	5
Conflict Resolution		1	2	3	4	5
Availability		1	2	3	4	5
Visitation/Call		1	2	3	4	5
Professional Knowledge		1	2	3	4	5
Overall Rating		1	2	3	4	5

Comments: _____

Return this form during the eleventh week of your internship. Please mail directly to:

**RCLS Department
 Minges Coliseum
 East Carolina University
 Greenville, NC 27858-4353**