

EAST CAROLINA UNIVERSITY
Recreation and Leisure Studies
Student Evaluation of University 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	Unacceptable	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 tenth week of your internship. Please mail directly to:

Elizabeth P. Hecker
RCLS Department
Minges Coliseum
East Carolina University
Greenville, NC 27858-4353