

JPC *PRACTICA*/INTERNSHIP EMPLOYER EVALUATION FORM

Practicum or Intern Student's Name: _____
Job Title: _____ **Company:** _____
Company Website: _____
Address: _____
Supervisor: _____ **Title:** _____
Email: _____ (If different from above)
Internship Contact: _____ **Email:** _____ **Evaluation**
Period: _____ to _____
(Mo/Yr) (Mo/Yr)

RATING ELEMENTS Rate each intern's performance by entering an "X" under one of the factors in the rating section at the right for each element.	RATINGS (CHECK ONE)				
	Excellent	Above average	Satisfactory	Marginal	Unacceptable
JOB PERFORMANCE: Consider the quality, quantity and timeliness in accomplishing tasks. Did the intern work without constant supervision, show initiative and interest in work?					
WORK HABITS: Consider ability to manage time, professional attitude, and willingness to learn. Did the intern seek out and utilize appropriate resources, as well as accept constructive criticism and increasing responsibility?					
KNOWLEDGE OF WORK: Consider the intern's knowledge and skills appropriate for the profession. Did the student demonstrate an understanding of concepts and practices of the profession?					
COMMUNICATION: Consider the intern's ability to write effectively and efficiently in the form and style appropriate to the profession. Was the intern able to evaluate his/her own work and that of others for accuracy and fairness?					
PROBLEM SOLVING: Consider the intern's ability to think critically, creatively and independently. Was the intern able to collect and evaluate various forms of information?					
PROFESSIONALISM: Consider the intern's sense of values, respect for the profession as well as the employees in the company. Did the intern show respect for the diversity within the profession and the company?					
GENERAL CONDUCT: Consider the intern's punctuality, adherence to work schedules, appropriateness of dress for the position, manner and courtesy on the job and relations with the public.					
OVERALL EVALUATION: Did the intern meet established employer expectations? Consider the ratings for all of the personal and performance elements above.					

COMMENTS: (You are invited to attach a separate sheet with your comments)

DUTIES/RESPONSIBILITIES: (You are invited to attach a separate sheet with your comments)

WOULD YOU ACCEPT OTHER INTERNS FROM THIS DEPARTMENT IN THE FUTURE? Yes? No?

Supervisor's Signature: _____ Intern's Signature: _____

Phone: _____

Internship Contact Title: _____ Phone: _____

Thank you for your participation in our *practica*/internship program. Please return this form by fax or mail to:

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