

MID TERM EVALUATION
Evaluation of Student Progress

Student Name: _____ Level: _____

Internship Site and Location: _____

On-Site Supervisor/PGA Professionals: _____

Phone: () _____ Ext: _____

E-Mail: _____ Date: _____

Please rate and provide comments on your Intern in the following areas:

(Scale: 5–Excellent 4–Good 3–Fair 2–Poor 1- Unsatisfactory)

1) Practices professional behavior 5 4 3 2 1
(Punctuality, Responsibility, Communication Skills)

2) Working relationship with staff 5 4 3 2 1
(Acceptance of Supervision, Initiative in Learning New Skills, Consultants
w/Supervisor Regarding Concerns)

3) Overall performance 5 4 3 2 1
(Commitment to the Internship)

Please attach any additional information, comments, or suggestions

Signature of Supervisor/PGA Professional

Date