

CALIFORNIA STATE UNIVERSITY, SAN MARCOS
DEPARTMENT OF KINESIOLOGY
KINESIOLOGY INTERN EVALUATION
(completed by Internship Site Supervisor)

Student Name: _____ Date: _____

Supervisor: _____

Internship Site: _____

Please evaluate the student intern according to the following scale:

1 Unacceptable 2 Below Average 3 Average 4 Above Average 5 Outstanding

<i>Personal Qualities</i>					
Personal appearance	1	2	3	4	5
Professional dress	1	2	3	4	5
Initiative	1	2	3	4	5
Imagination/resourcefulness	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Self-control, poise	1	2	3	4	5
Dependability	1	2	3	4	5
Cooperation	1	2	3	4	5
Maturity	1	2	3	4	5

<i>Professional Qualities:</i>					
Awareness of duties and responsibilities	1	2	3	4	5
Ability to accept constructive criticism	1	2	3	4	5
Ability to work with peers	1	2	3	4	5
Ability to work with clients/participants	1	2	3	4	5
Punctuality	1	2	3	4	5
Attendance	1	2	3	4	5
Oral skills	1	2	3	4	5
Written skills	1	2	3	4	5
Shows initiative	1	2	3	4	5
Works independently	1	2	3	4	5
Demonstrates effort to improve	1	2	3	4	5
Planning and decision making skills	1	2	3	4	5
Capable of promoting professional health enhancement programs	1	2	3	4	5
Displays leadership in capacity in which he/she is working	1	2	3	4	5
Displays proper attitude toward work	1	2	3	4	5
Stays within legal, moral, and professional boundaries	1	2	3	4	5
Demonstrates professionalism at all times	1	2	3	4	5
Effective in organizing and presenting ideas	1	2	3	4	5
Professionally prepared to execute duties necessary for placement in the field	1	2	3	4	5

Professional Qualities:					
Possesses knowledge of current national policies in the field	1	2	3	4	5
Possesses thorough understanding of the field and its diversifications	1	2	3	4	5
Has ability to evaluate programs and make long range plans	1	2	3	4	5
Recognizes problems associated with health enhancement program administration	1	2	3	4	5
Compares favorably to other quality interns in the past	1	2	3	4	5
The intern was an asset to your program	1	2	3	4	5
Assessment of the intern for today's job market	1	2	3	4	5

Strengths:

Weaknesses:

Additional Comments:

Student's Recommended Grade (circle): CREDIT NO CREDIT

Supervisor's Signature: _____ **Date:** _____

Please place this completed form in a signed and sealed envelope. It is preferred that the form be hand delivered by the student to the internship coordinator (generally in the 1st week of December or 2nd week of May). Forms can also be mailed to:

**Department of Kinesiology
Internship Coordinator
333 S. Twin Oaks Valley Rd
California State University, San Marcos
San Marcos, CA 92096-0001**