



BACJ Intern "Verification of Hours" Form

Name of Intern: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Internship Beginning / End Dates: \_\_\_\_\_

Credit Hours Enrolled? Total Hours Required: \_\_\_\_\_

(For each credit hour, students must complete 40 clock hours of internship work)

Total Hours Worked: \_\_\_\_\_

Comments:

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\_\_\_\_\_

\_\_\_\_\_  
*Signature and Title of Sponsoring Agency Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Intern*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of BACJ Director*

\_\_\_\_\_  
*Date*

## UCCS BACJ Intern Evaluation Form

Name of Intern: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Start Date of Internship: \_\_\_\_\_ End Date: \_\_\_\_\_

This form is used to evaluate the performance of our student as an intern in your organization and to help us determine the overall effectiveness of the internship program. Please complete the form as completely as possible and add comments where appropriate. This form will become part of the student's permanent files at the University. Please use additional paper if necessary. Prior to the end of the semester, the BACJ Director will contact the internship supervisor to discuss grading criteria.

1) What type of work has the intern done?

2) Has the intern been reliable (shown up on time, completed tasks properly, etc.) and been a general asset to your agency?

3) How would you characterize his/her attitude?

4) What are the intern's strongest attributes?

5) In what areas would the intern benefit most from improvement?

6) Please provide any other relevant comments about the intern.

7) Please check the appropriate level of performance for the intern in each of the following areas:

a. Written Communication Skills

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*Excellent*

*Average*

*Unacceptable*

b. Oral Communication Skills

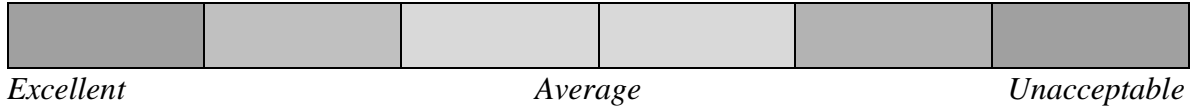
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*Excellent*

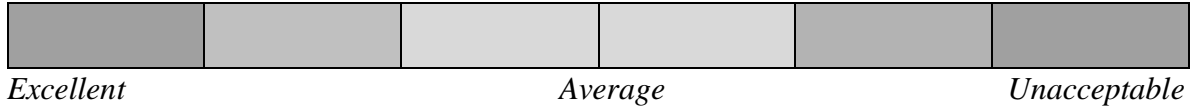
*Average*

*Unacceptable*

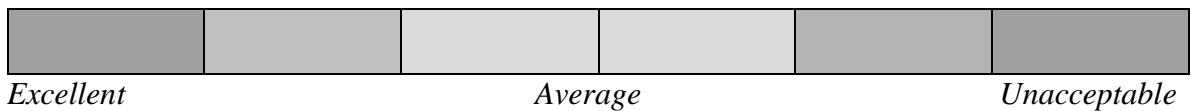
c. Use of Time and Promptness



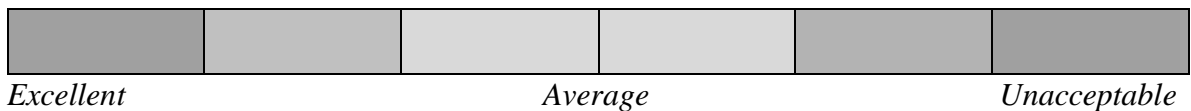
d. Cooperation



e. Analytical and Research Ability



f. Technical Knowledge



8) Based on the intern's on-site job performance, place a check beside the most appropriate description of his/her overall performance.

\_\_\_\_\_ completed **all** that was required on time and with minimal problems.

\_\_\_\_\_ completed **most** of what was required on time and with minimal problems.

\_\_\_\_\_ completed **only some** of what was required on time and with minimal problems.

\_\_\_\_\_ created many problems for our agency. Please explain, using additional paper if necessary.

\_\_\_\_\_ the intern was unable to sufficiently complete any of the assigned tasks. Please explain, using additional paper if necessary.

\_\_\_\_\_ other comments:

9) On a grading scale of A, B, C, D, F, what grade would you assign the student? \_\_\_\_\_

Comments: -

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*Signature and Title of Sponsoring Agency Supervisor*

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*Date*