Please complete and sign this form around the time the student has worked 50 hours. Next, give it to the student so they can pass it along to their JOUR 498 instructor. Supervisors can contact the instructor directly with concerns or questions.

|  |  |
| --- | --- |
| **Student Name:** | **# of hours worked to date:** |
| **Supervisor Name:** | **Organization Name:** |
| **Supervisor Phone #:** | **Supervisor Email Address:** |

1. **What skills do you think the student is developing during this internship?**

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| --- |
|  |

1. **What are the student’s primary strengths?**

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1. **What recommendations would you suggest for their improvement?**

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| --- |
|  |

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_