University of Michigan, Division of Kinesiology
Sport Management Level One Field Experience Guidelines

FINAL STUDENT EVALUATION

Student Name:_____ Today's Date:_____

Experience Title:_____ Experience Dates:_____

Experience Site:_____ Experience Supervisor:_____

Phone:_____ Email Address:_____

Brief Description of Student's Duties:
_____
_____
_____
_____

Directions: *Please circle those qualities that apply to the student's performance using the scale below.*

1. Outstanding 2. Above Average 3. Average 4. Below Average 5. Unsatisfactory

Academic Preparation:					
Verbal Communication Skills	1	2	3	4	5
Written Communication Skills	1	2	3	4	5
Computer Skills	1	2	3	4	5
Overall Knowledge of Area	1	2	3	4	5

Work Habits:					
Punctuality	1	2	3	4	5
Dependability	1	2	3	4	5
Personal Appearance	1	2	3	4	5
Initiative	1	2	3	4	5
Self-Confidence	1	2	3	4	5

Comments:_____
_____
_____
_____

Task Performance					
Completes Assigned Tasks Accurately	1	2	3	4	5
Pays Attention to Detail	1	2	3	4	5
Utilizes Time/Energy Management	1	2	3	4	5
Meets Deadlines	1	2	3	4	5
Understands & Follows Directions	1	2	3	4	5
Asks Pertinent Questions	1	2	3	4	5
Demonstrates Skill Specific to Internship	1	2	3	4	5
Displays Leadership Skills	1	2	3	4	5
Performs Quality Work	1	2	3	4	5

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Comments:_____
_____
_____
_____

Attitude

Cooperative	1	2	3	4	5
Responsible	1	2	3	4	5
Thorough	1	2	3	4	5
Desires to Learn from/ Contribute to Organization	1	2	3	4	5
Flexible	1	2	3	4	5
Adaptable	1	2	3	4	5
Accepts and Makes Use of Constructive Criticism	1	2	3	4	5
Demonstrates Interest in Profession	1	2	3	4	5

Comments:_____
_____
_____
_____

Please give a brief description of the intern's overall performance (attach an additional page if necessary):_____
_____
_____
_____

Supervisor's Signature_____Date_____

Student's Signature_____Date_____

Student: Please return to Internship Coordinator once completed.