

INTERNSHIP WORK PLAN

Must be submitted within two weeks after beginning internship.

This plan should describe the specific tasks you will be performing throughout the semester.

Internship Supervisor

Date

Faculty Supervisor

Date

Student

Date

Approved for _____ credits

MPA Director

Date

The following section is designed to let you evaluate yourself on your current internship. In doing so you will be able to identify those aspects of your performance which can be considered assets to your professional growth as well as those work habits that are in need of improvement. Please evaluate your development in the following areas by circling the number that corresponds to your assessment. If any areas do not apply to your situation, write N/A on the line. Feel free to make additional comments on the back of the page.

Not at all competent.....Very competent *Comments/examples*

- | | | | | | | |
|---|---|---|---|---|---|-------|
| 1. Accurate and thorough | 1 | 2 | 3 | 4 | 5 | _____ |
| 2. Able to work under pressure | 1 | 2 | 3 | 4 | 5 | _____ |
| 3. Effective in oral communications | 1 | 2 | 3 | 4 | 5 | _____ |
| 4. Effective in written communications | 1 | 2 | 3 | 4 | 5 | _____ |
| 5. Effective in preparing and organizing work | 1 | 2 | 3 | 4 | 5 | _____ |
| 6. Takes the initiative: a self-starter | 1 | 2 | 3 | 4 | 5 | _____ |
| 7. Able to adjust to non-routine assignments | 1 | 2 | 3 | 4 | 5 | _____ |
| 8. Keeps constructively busy and mentally alert | 1 | 2 | 3 | 4 | 5 | _____ |
| 9. Cooperative in working relationships with others | 1 | 2 | 3 | 4 | 5 | _____ |
| 10. Able to work without close supervision | 1 | 2 | 3 | 4 | 5 | _____ |

Intern

Date

Mid-semester Supervisor Evaluation

Date _____

Intern's Name _____ Supervisor's Name _____

Agency _____

This form, when completed, will be viewed only by the MPA Director and Faculty supervisor. The student you have been supervising will not see this form unless you specifically request that it be made available to the student.

Please evaluate your intern's development in the following areas by circling the number that corresponds to your assessment. If any areas do not apply to your situation, write N/A on the line. Feel free to make additional comments on the back of the page.

Not at all competent.....Very competent *Comments/examples*

- 1. Accurate and thorough 1 2 3 4 5 _____
- 2. Able to work under pressure 1 2 3 4 5 _____
- 3. Effective in oral communications 1 2 3 4 5 _____
- 4. Effective in written communications 1 2 3 4 5 _____
- 5. Effective in preparing and organizing work 1 2 3 4 5 _____
- 6. Takes the initiative: a self-starter 1 2 3 4 5 _____
- 7. Able to adjust to non-routine assignments 1 2 3 4 5 _____
- 8. Keeps constructively busy and mentally alert 1 2 3 4 5 _____
- 9. Cooperative in working relationships with others 1 2 3 4 5 _____
- 10. Able to work without close supervision 1 2 3 4 5 _____

Supervisor's signature

Date

5. Was a written report or publication required by the internship? Yes No
If yes, has the report been submitted? Yes No

6. Has the intern successfully completed the objectives outlined in the contract?
 Yes No. If no, why?

7. Do you plan to sponsor interns in the future? Yes No
If yes, when? Fall Spring Summer Continuously

8. Would you recommend this internship program to other agencies? Yes No

Can you suggest any division in your own agency, or other agencies, that might be interested? Please list agency name and contact on reverse side of this form.

8. Additional comments.

Supervisor

Date