Marshall University School of Music

Internship Monthly Evaluation Due 15th of each month

1. Intern Name [BOX]
2. Is the intern showing up for work and fulfilling the proper number of hours? Yes No
3. Is the intern completing the work expected? Yes No
4. Please share any concerns about or kudos for your intern that we should know about. [BOX]

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Internship Final Evaluation

1. Student Name [BOX]
2. Total work hours completed [BOX]
3. Please rate the intern from 1 to 5 on the following attributes, with 1 being the lowest rating and 5 being the highest.

Dresses appropriately and is neat and clean

Punctual for work and meetings

Follows instructions and asks questions when needed

Meets deadlines

Works well with others

Is responsible and trustworthy

Maintains a positive attitude

Has adequate musical knowledge

Has adequate musical technical skills

Has adequate secondary skills appropriate to the position

Thinks creatively and critically

Shows initiative

Please provide any other comments or observations you wish to make about your intern and his/her performance. [BOX]

Signature of Supervisor/Evaluator [BOX] Date [BOX]

Title [BOX]