**SAFE 6997: Cooperative Internship**

**Supervisor Project Evaluation Form**

As the supervisor for a UMD MEHS student internship project, your feedback is crucial in helping us evaluate our students’ performance. Please rate the following statements and, for any items rated below a three (3), we would appreciate a comment as to what would have improved the rating.

When completed, please attach your business card or other contact information and send the form to the address listed above. Thank you for your help!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly  Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly**  **Agree** |
| Performed the majority of work on this project | 1 | 2 | 3 | 4 | 5 |
| Assumed responsibility for a significant part of the project | 1 | 2 | 3 | 4 | 5 |
| Communicated and worked well with others | 1 | 2 | 3 | 4 | 5 |
| Completed the project satisfactorily | 1 | 2 | 3 | 4 | 5 |
| Would be valuable to your company on other EHS projects | 1 | 2 | 3 | 4 | 5 |

Any comments or feedback? Feel free to attach additional pages as necessary.

***Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (printed)**

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signed) Date: \_\_\_\_\_\_\_\_\_