



Final Performance Appraisal
(Due in your advisor's office at the End of the Placement)

Intern's Name: _____

Organization: _____

Evaluator: _____

Signature: _____

Date: _____

Have the results of this assessment been shared with the intern? YES NO

Scale:					
Outstanding	Very Good	Average	Marginal	Unsatisfactory	Not applicable
5	4	3	2	1	NA

Communication Skills:

Written Expression _____ Oral Expression _____

Comments:

2. Ability/Willingness to Work Independently _____

Comments:

3. Dependability _____

Comments:



4. Quality of Work ____

Comments:

5. Quantity of Work ____

Comments:

6. Interpersonal Relations ____

Comments:

7. Ability/Willingness to Learn ____

Comments:

8. Acceptance of Criticism and Suggestions ____

Comments:



9. Organization/Planning Skills _____

Comments:

Major Strengths of the Student:

- 1. _____
- 2. _____
- 3. _____

Areas Needing Improvement:

- 1. _____
- 2. _____
- 3. _____

Overall Assessment (*please check*): Pass Not Pass

Comments:

Please return the completed form to:

Graduate Internship Program
 Department of Kinesiology
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 Windsor, Ontario N9B 3P4
 Email: shorne@uwindsor.ca