Northwest Missouri State University
Missouri Legislative Intern Performance Evaluation

Term of Internship: ___ Sum ___ Fall ___ Spring       Date of Evaluation: ______________________

Student Name: ________________________________________________________________
Representative/Senator Name: ______________________________________________________
Supervisor: _______________________________________________________________________
Supervisor email/phone: __________________________ / __________________________

Please return this form to Dan Smith, Faculty Internship Coordinator – desmith@nwmissouri.edu

Brief Job Description:

Please rate the intern’s performance in the following areas:

Rating Scale:    1 = Exceeded Expectations
                 2 = Met Expectations
                 3 = Did Not Meet Expectations

1)    Quality of Work – productivity, oral/written/computer skills  1  2  3
     Comments:

2)    Professionalism – attitude, responsibility, interpersonal skills  1  2  3
     Comments:

3)    Potential – for permanent employment in a similar position  1  2  3
     Comments:

4)    Overall Performance  1  2  3
     Comments: