



Internship Program

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EVALUATION OF INTERNSHIP

Please Return to: **NAME OF INTERN:** _____

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Los Angeles, CA 90095-1520 – Fax: (310) 206-4460

SS Fall Winter Spring Year: _____

Evaluation by:

Name _____
Position _____
Site _____
Phone _____
Email _____

Responsibilities of Intern:

Students are assigned Internship course grades (Satisfactory / Unsatisfactory) and receive course credit based upon supervised, evaluated performance at the professional level. Evaluations are included in students' files in the Department. Each student may see any document in his/her own file. IS faculty and staff may examine student files; students do not have access to other student's files.

Rate and/or evaluate performance and traits using this form. Or, if you prefer, write a memorandum of evaluation.

Rating scale:

- A. Superior achievement.
 - B. Student demonstrated satisfactory potential for professional achievement.
 - C. Student passed, but did not demonstrate professional achievement.
 - F. Fail.
 - I. Incomplete. Work satisfactory, but for good reasons student was unable to complete work assignment.
 - J. Not applicable; no opportunity to observe.
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1. Professionalism: Evidence of ability to apply theory to practice.

Rating: Comment:

2. Initiative:

Rating: Comment:

3. Ability to learn quickly? Appropriate questions raised?

Rating: Comment:

4. Ability to work effectively with staff:

Rating: Comment:

5. Ability to deal effectively with clientele:

Rating: Comment:

6. Productivity:

Rating: Comment:

7. Quality of work:

Rating: Comment:

8. Communication skills:

Rating: Comment:

9. Analytical skills (ability to identify problems, investigate them, and communicate findings):

Rating: Comment:

10. Supervisory and teaching skills (answer only if appropriate):.

Rating: Comment:

11. Suitable appearance on the job:

Rating: _____ Comment: _____

12. What positive qualities would you stress in a letter of reference?

Comment: _____

13. What reservations would you include in a letter of reference?

Rating: _____ Comment: _____

14. Would you recommend professional appointment in your own, or other, library or business?

Rating: _____ Comment: _____

15. Overall rating:

General or other comments:

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The intern completed a minimum of 120 hours of responsible, professional work during this quarter. Please confirm this with your initials: _____

Date: _____

Signature: _____

Name: _____