HOFSTRA UNIVERSITY
DEPARTMENT OF AUDIO/VIDEO/FILM - SCHOOL OF COMMUNICATION

ON-SITE SUPERVISOR'S FINAL REPORT

Please complete this form and e-mail to:

Faculty Sponsor_____ E-mail_____

Today's date _____

Name of Intern _____

Company _____

On-Site Supervisor Name and Title _____

[THIS MUST BE COMPLETED BY PERSON WHO WORKED WITH INTERN]
1=outstanding; **2**=very good; **3**=average; **4**=mediocre; **5**=poor; **NA**=not applicable

Promptness	1	2	3	4	5	NA
Resourceful	1	2	3	4	5	NA
Maturity	1	2	3	4	5	NA
Interest in Job	1	2	3	4	5	NA
Ability to Learn	1	2	3	4	5	NA
Ability to Communicate	1	2	3	4	5	NA
Ability to Organize	1	2	3	4	5	NA
Ability to Work with Others	1	2	3	4	5	NA
Ability to Work Independently	1	2	3	4	5	NA
Ability to Work under Pressure	1	2	3	4	5	NA
Ability to Contribute to the Organization	1	2	3	4	5	NA
Understanding of Organizational Procedures	1	2	3	4	5	NA
Acceptance and Constructive Use of Criticism	1	2	3	4	5	NA
Promise of Success in the Profession	1	2	3	4	5	NA

COMMENTS: