HOFSTRA UNIVERSITY LAWRENCE HERBERT SCHOOL OF COMMUNICATION DEPARTMENT OF RADIO/TELEVISION/FILM INTERN EVALUATION

This should be filled out by the person working directly with the intern.

Please complete this form and e-mail to:

| Faculty Sponsor | E-mail |
|-----------------------------------|----------------|
| Date | Name of Intern |
| Company | |
| On-Site Supervisor Name and Title | |

5=outstanding; **4**=very good; **3**=average; **2**=mediocre; **1**=poor; **NA**=not applicable

| | 5 | 4 | 3 | 2 | 1 | N/A |
|--------------------------------------|---|---|---|---|---|-----|
| Promptness | | | | | | |
| Resourceful | | | | | | |
| Maturity | | | | | | |
| Interest in Job | | | | | | |
| Ability to Learn | | | | | | |
| Ability to Communicate | | | | | | |
| Ability to Organize | | | | | | |
| Ability to Work with Others | | | | | | |
| Ability to Work Independently | | | | | | |
| Ability to Work under Pressure | | | | | | |
| Ability to Contribute | | | | | | |
| Understanding of Procedures | | | | | | |
| Use of Criticism | | | | | | |
| Promise of Success in the Profession | | | | | | |

COMMENTS: