

**UMS/GARABEDIAN INTERNSHIP PROGRAM**

***Final Evaluation***

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Intern Name \_\_\_\_\_ PS# \_\_\_\_\_

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Agency Name \_\_\_\_\_ Address \_\_\_\_\_

<i>Please check appropriate box</i>	<i>Did Not Observe</i>	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Un-satisfactory</i>
Punctuality						
Reliability						
Appearance						
Politeness						
Attitude						
Cooperativeness						
Relations with Staff						
Relations with Public						
Learning Ability						
Quality of Work						
Quantity of Work						
Neatness of Work						
Initiative						
Self Supervision						
Overall Rating						

Comments: \_\_\_\_\_

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Supervisor Signature/Date \_\_\_\_\_

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Intern Signature/Date \_\_\_\_\_