

HOFSTRA UNIVERSITY
DEPARTMENT OF RADIO/TELEVISION/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 = poor; 2 = mediocre; 3 = average; 4 = very good; 5 = outstanding; 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	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	1	2	3	4	5	NA

COMMENTS:

Return to: _____