FREDERICK COMMUNITY COLLEGE
Internship Education Program

Faculty Advisor Evaluation and Grade Sheet

Complete this form at the conclusion of the student's internship. Select Yes or No where indicated and provide explanations, comments, and the final grade in the spaces provided.

Were the objectives written and discussed within the appropriate time frame?
☐ Yes ☐ No

If No, please explain:

_____

_____

Were the weekly activity logs maintained properly and turned in at the agreed-upon date?
☐ Yes ☐ No

If No, please explain:

_____

_____

Work-Site Visits

Date(s) of work-site visit(s): _____

Did you talk with the work-site supervisor?
☐ Yes ☐ No

Employer Feedback

What type of feedback did you receive from the employer regarding the student's work experience, the Internship Program, etc.?

_____

_____

_____

_____

Completion and Grade

Return date of completed workbook, weekly log, and summary project: _____

Date: _____

Faculty Internship Advisor — Initial: _____

Comments:

_____

_____

_____

_____

Final Faculty Internship Grade: _____

Faculty Internship Advisor — Signature: _____

Date: _____