

Intern/Supervisor Fall Review

Intern:		Position:				
Supervisor:		Department:				
		low				high
Work Performance		1	2	3	4	5
	Strength	_____				
	Weakness	_____				
	Need	_____				
Attitude		1	2	3	4	5
	Strength	_____				
	Weakness	_____				
	Need	_____				
Supervisor		_____				
	Strength	_____				
	Weakness	_____				
	Need	_____				
Intern Program		1	2	3	4	5
	Strength	_____				
	Weakness	_____				
	Need	_____				
Community Living		1	2	3	4	5
	Strength	_____				
	Weakness	_____				
	Need	_____				

Growth Project/Forward Movement:

Notes:

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Directions: 1) Intern fills out rank/strength/weakness, 2) Intern meets with Supervisor to discuss, revise, and build needs/growth step together, 3) Intern turns completed form in to their Advisor on Dec 9th Intern Meeting

DUE BY DECEMBER 9th
 given to supervisors Nov 9, given to interns Dec 2nd