



# School Based Intern Appraisal Form

Teacher/Administrator Directions: Please provide an accurate assessment of the following intern. This appraisal is a major component to the overall evaluation of the internship. Thank you for your support and we look forward to working with you in the future!

Intern Name: \_\_\_\_\_ Internship Term: \_\_\_\_\_

School Name/District: \_\_\_\_\_

	unsatisfactory	fair	neutral	good	outstanding
Interpersonal skills					
Verbal skills					
Writing skills					
Quality of work provided					
Volume of work provided					
Accuracy					
Ability to resolve problems					
Initiative/enthusiasm					
Dependability					
Flexibility/adaptability					
Attendance					
Overall rating					

Comments:

Completed by: \_\_\_\_\_ title: \_\_\_\_\_ date: \_\_\_\_\_

Please return to: Internship Office, B-5 Van Hoesen Hall  
SUNY Cortland  
Cortland, NY 13045  
Fax: 607.753.2937

Questions? 607.753.4715

**Thank you for supporting experiential education!**