



Mid Term Performance Appraisal
(Due in your advisor's office at the Mid-Point of Placement)

Intern's Name: _____

Organization: _____

Evaluator: _____

Signature: _____

Date: _____

Have the results of this assessment been shared with the intern? YES NO

Scale:					
Outstanding 5	Very Good 4	Average 3	Marginal 2	Unsatisfactory 1	Not applicable NA

Communication Skills:

Written Expression _____ Oral Expression _____

Comments:

2. Ability/Willingness to Work Independently _____

Comments:

3. Dependability _____

Comments:



4. Quality of Work ____

Comments:

5. Quantity of Work ____

Comments:

6. Interpersonal Relations ____

Comments:

7. Ability/Willingness to Learn ____

Comments:

8. Acceptance of Criticism and Suggestions ____

Comments:



9. Organization/Planning Skills _____

Comments:

Major Strengths of the Student: 1. _____
2. _____
3. _____

Areas Needing Improvement: 1. _____
2. _____
3. _____

Overall Assessment (*please check*): Pass Not Pass

Comments:

Please return the completed form to:

Graduate Internship Program
Department of Kinesiology
University of Windsor
Windsor, Ontario N9B 3P4
Email: shorne@uwindsor.ca