 **Final Evaluation Page 1**

Final Evaluation

# Instructions:

* This form is to be completed by the **student and the preceptor**.
* Complete the form and **upload it in Canvas by the Tuesday of Finals Week** **at 11:59pm**. Even if you are splitting your internship, the forms need to be completed and uploaded every term!
* Please make sure the form is saved as a pdf, doc, or docx.
* **Don’t forget that the preceptor and intern need to initial the form at the end!**

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| **Internship Information** | | | | |
| Preceptor’s Name |  | | Date |  |
| Organization |  | | | |
| Intern’s Name |  | | | |
| Are you splitting your internship? | \_\_\_ Yes \_\_\_\_ No  If yes, please list the terms: | | | |
| Total Internship Hours to Date\* |  | **\*Including time spent on paperwork, portfolio, optional professional development, and optional journals.** | | |

**Preceptor and Intern: Please describe how you both discussed the overall internship, performance, evaluations and expectations.**

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| **Intern’s Work Performance (this section to be completed by preceptor)**  Please rate the intern’s work performance. | | | | | |
|  | **Exceeds**  **Expectations** | **Meets**  **Expectations** | **Developing** | **Does Not Meet Expectations** | **N/A** |
| Ability to work in a team |  |  |  |  |  |
| Problem-solving skills |  |  |  |  |  |
| Written Communication skills |  |  |  |  |  |
| Strong Work Ethic |  |  |  |  |  |
| Verbal Communication Skills |  |  |  |  |  |
| Leadership skills |  |  |  |  |  |
| Shows initiative |  |  |  |  |  |
| Analytical/Quantitative skills |  |  |  |  |  |
| Flexibility/Adaptability |  |  |  |  |  |
| Detail-oriented |  |  |  |  |  |
| Interpersonal skills |  |  |  |  |  |
| Computer skills |  |  |  |  |  |
| Organizational skills |  |  |  |  |  |
| Planning skills |  |  |  |  |  |
| Professionalism |  |  |  |  |  |
| Quality of work |  |  |  |  |  |
| Overall Performance |  |  |  |  |  |

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| **Preceptor/Internship Site Evaluation (to be completed by the student)**  Please rate your preceptor(s) and site experience. | | | | | |
| ***Evaluate the preceptor and the site according to the following:*** | **Exceeds Expectations** | **Meets Expectations** | **Developing** | **Does Not Meet Expectations** | **N/A** |
| Throughout the entire internship, the site provided me with adequate training and resources. |  |  |  |  |  |
| Provided challenging and beneficial work assignments |  |  |  |  |  |
| Gave adequate and timely feedback on projects/assignments |  |  |  |  |  |
| Was readily available for clarification or questions |  |  |  |  |  |
| Was able to meet with me on a weekly basis and discuss areas of improvement |  |  |  |  |  |
| This position helped me to make maximum use of my academic training |  |  |  |  |  |
| Allowed me to effectively demonstrate my ability to work in professional setting |  |  |  |  |  |
| Encouraged professional development opportunities |  |  |  |  |  |
| By the end of the internship term, I had a comprehensive understanding of the internship site/organization |  |  |  |  |  |

**What are your plans after graduation?**

**If you would be interested in receiving job postings and staying connected with other PH alumni, please consider joining the GEN, HPHB or HMP LinkedIn alumni groups:**

HPHB Alumni Group: <https://www.linkedin.com/groups/13615338/>

HMP Alumni Group: <https://www.linkedin.com/groups/13612912/>

GEN Alumni Group: <https://www.linkedin.com/groups/12694325/>

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| INTERN WORK PLAN **Please provide an update on your projects from the Work Plan on the Learning Competency Form and how these projects and activities corresponded to the competencies you selected. The competencies, projects, and/or activities must be the same as those listed on the Learning**  **Competency Form.** | | |
| **Competency**  *List the competencies you selected from Form C down below.* | **Project/Activity**  *.*  *Describe the project or activities you participated in to achieve this competency.* | **Project Outcomes**  *Please describe the status of this project (For example: If it was an event, when was it held? If it was a program, was it implemented?)* |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

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| **INTERN WORK PLAN Continued** | | |
| **Competency**  *List the competencies you selected from Form C down below.* | **Project/Activity**  *.*  *Describe the project or activities you participated in to achieve this competency.* | **Project Outcomes**  *Please describe the status of this project (For example: If it was an event, when was it held? If it was a program, was it implemented?)* |
| 4. |  |  |
| 5. |  |  |

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| **SMART Goal(s) for Internship: Provide your updated SMART goal (from Midway Progress Report) down below. It can be the same, modified, or completely revised.** |
| **SMART Goal(s) from Midway Progress Report:** |
| Briefly provide an update regarding achieving this goal(s). |

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| **TERMS AND ACKNOWLEDGEMENT** |
| Please **initial** below. **Initials can be typed or handwritten**. **The specified person needs to type their initials under their area and consent to the terms of this form. Please see the Academic Dishonesty website for more information:** <http://studentlife.oregonstate.edu/studentconduct/academic-dishonesty> |
| **INTERN:**  \_\_\_\_ INITIAL: I agree and I acknowledge that the information on this form is true and complete.  **PRECEPTOR 1:**  \_\_\_\_INITIAL: I agree and I acknowledge that the information on this form is true and complete.  **PRECEPTOR 2 (If applicable):**  \_\_\_\_ INITIAL: I agree and I acknowledge that the information on this form is true and complete. |
| **Date:** |



# Weekly Hours Sheet

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| --- | --- | --- |
| **INTERN WEEKLY HOURS TEMPLATE**  **Please note: This template can be modified to best fit the needs of the internship site and projects.**  **HOURS SPENT ON INTERNSHIP FORMS AND PORTFOLIO CAN BE COUNTED AS INTERNSHIP HOURS, ALONG WITH INTERNSHIP TRAININGS, MEETINGS, ETC.** | | |
| **Week**  *Each line below is a week, (Week 1, Week 2, etc). Dates can also be entered.* | **Activities**  *Briefly list or describe the activities you engaged in during each week.* | **Total Hours For the Week**  *Enter the total amount of hours* |
|  |  |  |
|  |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **INTERN WEEKLY HOURS TEMPLATE Continued** | | |
| **Week**  *Each line below is a week, (Week 1, Week 2, etc).*  *Dates can also be entered.* | **Activities**  *Briefly list or describe the activities for the week.* | **Total Hours For the Week**  *Enter the total amount of hours* |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |