Please have your site coordinator fill in this electronic copy of his or her appraisal of your competency thus far. This completed form should be sent directly to Jacalyn McComb at jacalyn.mccomb@ttu.edu. This evaluation should occur at the end of October for the Fall term, end of February for the Spring term, and at the end of June for the long Summer session. You can also find this form at https://www.depts.ttu.edu/ksm/grad/internships.php. If you would like to speak directly with Jacalyn McComb, you can call her at 520-468-9234

Intern Evaluation by Site Supervisor

Please rate the intern's performance on a scale of 1 to 5 with 1 being poor and 5 being excellent, 6 being not applicable.

1.	Was i	ntern pui 2	nctual?	4	5		
2.	Was 1	intern ap 2	propria 3	tely att	tired?		
3.	Did i	ntern use	e expect	ted kno	owledge 5	e in assessing fitness level of members?	
4.	Did i 1	ntern use	e expect	ted kno 4	owledge 5	e in prescribing fitness program for members?	
5.	Did i 1	ntern use	e sound 3	judgm 4	ent in n 5	management and decision making?	
6.	Did intern establish good working rapport with the following?						
	A.	Membe		3	4	5	
	B.	Co-wor		3	4	5	
	C.	Superv:		3	4	5	
7.	Was 1	intern ca	pable o	f follov 4	wing ins	nstructions?	
8.	Was intern capable of accepting constructive criticism? 1 2 3 4 5						
9.	Was 1	intern's p	orior kn 3	owledg 4	ge suffic 5	icient for required job skills?	
10.	posit		nmenda	ation fo	r future	g this intern for a full time position or in providing a re employment? NO	

COMMENTS:

Thank you once again for your time, not only during this internship, but also for completing this survey. We understand your very busy schedule, and do appreciate your input into the improvement of the Clinical Exercise Physiology program at TTU.