

**CALIFORNIA STATE UNIVERSITY, SAN MARCOS**  
**DEPARTMENT OF KINESIOLOGY**  
**KINESIOLOGY INTERN EVALUATION**  
*(completed by Internship Site Supervisor)*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Please evaluate the student intern according to the following scale:

**1 Unacceptable    2 Below Average    3 Average    4 Above Average    5 Outstanding**

<b>Personal Qualities</b>					
Personal appearance	1	2	3	4	5
Professional dress	1	2	3	4	5
Initiative	1	2	3	4	5
Imagination/resourcefulness	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Self-control, poise	1	2	3	4	5
Dependability	1	2	3	4	5
Cooperation	1	2	3	4	5
Maturity	1	2	3	4	5

<b>Professional Qualities:</b>					
Awareness of duties and responsibilities	1	2	3	4	5
Ability to accept constructive criticism	1	2	3	4	5
Ability to work with peers	1	2	3	4	5
Ability to work with clients/participants	1	2	3	4	5
Punctuality	1	2	3	4	5
Attendance	1	2	3	4	5
Oral skills	1	2	3	4	5
Written skills	1	2	3	4	5
Shows initiative	1	2	3	4	5
Works independently	1	2	3	4	5
Demonstrates effort to improve	1	2	3	4	5
Planning and decision making skills	1	2	3	4	5
Capable of promoting professional health enhancement programs	1	2	3	4	5
Displays leadership in capacity in which he/she is working	1	2	3	4	5
Displays proper attitude toward work	1	2	3	4	5
Stays within legal, moral, and professional boundaries	1	2	3	4	5
Demonstrates professionalism at all times	1	2	3	4	5
Effective in organizing and presenting ideas	1	2	3	4	5
Professionally prepared to execute duties necessary for placement in the field	1	2	3	4	5

<b>Professional Qualities:</b>					
Possesses knowledge of current national policies in the field	1	2	3	4	5
Possesses thorough understanding of the field and its diversifications	1	2	3	4	5
Has ability to evaluate programs and make long range plans	1	2	3	4	5
Recognizes problems associated with health enhancement program administration	1	2	3	4	5
Compares favorably to other quality interns in the past	1	2	3	4	5
The intern was an asset to your program	1	2	3	4	5
Assessment of the intern for today's job market	1	2	3	4	5

**Strengths:**

**Weaknesses:**

**Additional Comments:**

**Student's Recommended Grade (circle):**                      CREDIT                      NO CREDIT

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please place this completed form in a signed and sealed envelope. It is preferred that the form be hand delivered by the student to the internship coordinator (generally in the 1<sup>st</sup> week of December or 2<sup>nd</sup> week of May). Forms can also be mailed to:

**Department of Kinesiology  
Internship Coordinator  
333 S. Twin Oaks Valley Rd  
California State University, San Marcos  
San Marcos, CA 92096-0001**