NOTE: To be completed and signed only by the person(s) supervising the intern. Form should be completed at the mid-point of the semester. If you have questions, please contact the Director of Undergraduate Studies in the Department of Criminology, Law, and Justice (see https://clj.uic.edu/clj/contact-us). After this evaluation has been completed, please review it with the intern.

Student’s Name: _______________________________________________________

Organization/Agency: _________________________________________________

Field Supervisor: ____________________________Faculty Advisor: ______________

Objectives of intern’s assignment(s):
________________________________________________________________________
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NOTE: Students should return the completed form to their Faculty Internship Advisor
Please evaluate the intern on your above stated objectives:

<table>
<thead>
<tr>
<th>STUDENT PERFORMANCE LEVEL</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<tbody>
<tr>
<td><strong>Cooperation</strong>—Working with and relating to associates</td>
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<td>and supervisors</td>
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<td><strong>Judgment</strong>—Ability to evaluate situations and make decisions</td>
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<td><strong>Initiative</strong>—General resourcefulness and imagination</td>
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<td><strong>Dependability</strong>—Attendance, punctuality, productivity</td>
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<td><strong>Knowledge of job</strong>—Understanding of his/her duties</td>
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<td><strong>Reaction to criticism</strong>—Student’s ability to react to</td>
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<td>and learn from criticism</td>
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<td><strong>Growth</strong>—General growth and progress</td>
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<td><strong>Overall rating</strong></td>
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Would you be interested in having students from UIC placed in your organization next semester?  
_____Yes  _____No  
(If no, please explain below)

ADDITIONAL COMMENTS:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Supervisor’s signature _______________________________ Date _______________

Student’s signature _______________________________ Date _______________

**NOTE:** Students should return the completed form to their Faculty Internship Advisor