Department of Tourism, Hospitality and Event Management
University of Florida

PRACTICUM SUPERVISOR'S MIDTERM EVALUATION FORM

Name of Supervisor: _____
Agency: _____
Mailing Address _____
Phone and Email: (_____)_____ and _____@_____

Student Intern: _____

Date Completed: _____

Please check the appropriate box. Feel free to comments and/or provide specifics.

CRITERIA	Excellent	Good	Fair	Unsatisfactory
1. Attendance				
Comment:				
2. Punctuality				
Comment:				
3. Dependability/reliability				
Comment:				
4. Cooperation with supervisor				
Comment:				
5. Cooperation with staff				
Comment:				
6. Taking direction				
Comment:				
7. Asking for help appropriately				
Comment:				
8. Professional appearance				
Comment:				
9. Quality of independent work				
Comment:				
10. Quality of team work				
Comment:				
11. Acceptance of responsibility				
Comment:				
12. Organizational skills				
Comment:				
13. Time management skills				
Comment:				
14. Follow-through skills				
Comment:				
15. Imagination/creativity				
Comment:				
16. Enthusiasm/motivation				
Comment:				
17. Professional conduct/demeanor				
Comment:				
20. Trainee's potential as a professional				
Comment:				

(OVER)

How frequently did you observe the student? _____

1. **When and where did you meet and discuss this evaluation?**

   _____

   _____

2. **How did the student respond to your ratings and comments?**

   _____

   _____

3. **What were the student's major tasks during this period?**

   _____

   _____

   _____

   _____

4. **What skills did the student demonstrate that show mastery of critical skills needed in the planning and delivery of program and events in your agency?**

   _____

   _____

   _____

   _____

5. **In terms of specific skills, areas for improvement include:**

   _____

   _____

   _____

   _____

6. **Other comments/reactions:**

   _____

   _____

   _____

   _____

Based upon my evaluation, this student is progressing to earn a
Satisfactory or Unsatisfactory grade. (please circle your response)

Evaluator Signature: _____
Please print name: _____

Please mail/fax this form to:

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Or scan and email to DeMiche@hhp.ufl.edu