



GHANA PSYCHOLOGY COUNCIL

MINISTRY OF HEALTH

Evaluation of Intern Form

Name of Intern:

Date:

Placement Supervisor:

Name of Agency/ Organization:

Please evaluate this intern volunteer intern on the questions below.

n/a=not applicable or no basis for judgment

1 = significant weaknesses

2 = some weaknesses

3 = meets expectations

4 = significantly exceeds expectations

1. Overall competency (e.g. overall performance as an intern) n/a 1 2 3 4
2. Adaptability (e.g. how well did the intern adapt to the work environment, cultural setting?) n/a 1 2 3 4
3. Creative thinking and innovation (e.g. did the intern approach work in a create, innovative way when this was possible?) n/a 1 2 3 4
4. Interpersonal skills (e.g. how effectively did the intern relate to and communicate with others?) n/a 1 2 3 4
5. Leadership (e.g. did the intern show independent thinking and take initiative?) n/a 1 2 3 4
6. Time management (e.g. how well did the intern manage his/her time at work?) n/a 1 2 3 4
7. Professionalism (e.g. did the intern conduct him/herself in a professional manner with clients, supervisors, peers, other professionals?) n/a 1 2 3 4
8. Cultural sensitivity (e.g. did the intern consider culture and cultural differences in his/her work and interpersonal interactions) n/a 1 2 3 4

Please comment on the strengths of the intern:

Please comment on any weaknesses of the intern:

What were your objectives for the internship experience?

Were these objectives met? Please explain.

Did the intern contribute to the overall objectives of your agency/organization? Please describe.

How might we improve your experience with our intern interns in the future?