Intern’s Name: ____________________________________________________________

Internship Site: __________________________________________________________________

Evaluation Date: October 15 __________ February 15 __________

Evaluator’s Name: ____________________________________________________________

Evaluator’s Title: _____________________________________________________________

Evaluator’s Professional Certification: ________________________________

The progress of ____________________________________________________________ to date is:

(Intern’s Name)

Satisfactory □ Unsatisfactory □

Evaluator's Signature: _________________________________________________________

Date Signed: _______________________

Intern’s Signature: ___________________________________________________________

Date Signed: _______________________

Note to Evaluator: This evaluation will be used by the McGill supervisor to determine the intern's current status at their internship site. The intent of the document is to alert the program staff to any
serious problems that may jeopardize the intern’s progress toward completion of the program. If the rating of the intern is unsatisfactory, please append an additional sheet with recommended steps to improve progress to a satisfactory level during the period before the next evaluation.