SCHOOL OF ENTERTAINMENT & DESIGN TECHNOLOGY
FILM AND TELEVISION DEPARTMENT

STUDENT INTERNSHIP EVALUATION REPORT
(To Be Filled Out at the End of Term)

To: Intern Program Coordinator, Miami Dade College, North Campus
From: ______________________________
Organization: ______________________________
Date: ______________________________
Evaluation of: ______________________________

Part I. General:
   a. Describe assignments and work opportunities provided to student:

   b. Did your organization establish and follow a training plan? ____ Yes  ____ No

Part II. Assessment:
   a. Describe skills and experiences student obtained during the internship.

   b. Did the student live up to your expectations? Were there any shortcomings? Please describe.

   c. Please rate the student in the following areas:

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<tr>
<th>Attribute/Trait</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
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<td>Work Quality</td>
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<td>Motivation</td>
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<td>Work Quantity</td>
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<td>Task Completion</td>
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<td>Attitude</td>
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<td>Learning Desire</td>
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<td>Accept Responsibility</td>
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Part III. Potential:
   a. If the opportunity arose, would you hire this student for an apprentice level position upon graduation?
      ____ Yes   ____ No
   b. If no, then why?
   c. In the future, would you consider requesting another student intern as a result of this experience? Why?
      • If you assigned a letter grade (A-excellent/outstanding performance; B-superior; C-Good; D-Marginal/Needs Improvement; F-Below average/didn’t meet standards), what is your assessment of the student’s performance?
         •  ____ A  ____ B  ____ C  ____ D  ____ F

Part IV. General Evaluation Description of student’s performance:

Part V. Authentication (Signature Required):
Signature: __________________________________________________________________________ Date: ________________
PrintName: __________________________________________________________________________
Title: _______________________________________________________________________________
Department: __________________________________________________________________________
Phone Numbers: Office: ___________________________ Cellular: ____________________________

Please send to: Mario Beguiristain, PhD, Associate Professor, Film, School of Entertainment & Design Technology, Miami Dade College, 11380 N.W. 27th Avenue, Miami, FL 33167  
Office: (305) 237-8319 - Fax: (305) 237-1367 - email: Mario.Beguiristain@mdc.edu