

**WESTERN MICHIGAN UNIVERSITY
DEPARTMENT OF HEALTH, PHYSICAL EDUCATION & RECREATION
HPHE 4990 – RECREATION/SPORT MANAGEMENT INTERNSHIP**

AGENCY SUPERVISOR'S BI-MONTHLY EVALUATION

Twice monthly during a student's internship, it is suggested that this be used in conjunction with a face-to-face conference with the student.

INTERN _____ **AGENCY** _____

Positive/Negative Characteristics Noted:

Recommendations for Improvement:

Student's overall progress to date is considered **satisfactory, unsatisfactory**
(please circle one)

This evaluation has been reviewed with the student? **Yes** ___ **No** ___

Questions or concerns to be noted by the University HPHE 4990 Advisor:

Agency Supervisor Signature
5/16

Date