

Volunteer and Intern Services Program

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Intern Evaluation Form 6 Month

Date:				
Name of intern: Supervisor's name:				
Supervisor's name.				
1 = poor	2 = fair	3 = average	4 = very good	5 = excellent

Core Competency Assessment

Please rate how the student performs in each of the following six Core Competencies

Strategic/Leadership	1	2	3	4	5
Taking initiative					
Being creative in problem					
solving					
Adapting to change					
Valuing diversity					

Results through People	1	2	3	4	5
Functions as part of a team					
Developing conflict resolution					
skills					
Fosters respect					
Maintains a safe work					
environment					

Relationships & Community	1	2	3	4	5
Collaborates towards shared					
goals					
Exhibits cross-cultural					
effectiveness					
Builds and sustains					
relationships, both					
internally and externally					

Delivery	1	2	3	4	5
Communicates effectively					
Uses technology appropriately					
Responds effectively to the					
needs of					
co-workers and clients					

Outcomes	1	2	3	4	5
Uses sound judgment in					
decision-making					
Prioritizes tasks					
Uses a solution-focused					
approach to					
problem solving					

Personal Development	1	2	3	4	5
Demonstrates self-					
management					
Manages time effectively					
Seeks continual learning					

Overall Assessment

Please describe the Intern's professional growth during the last six months.

Is this Intern competent at addressing the needs of his or her clients or customers?

Yes
No
Needs Improvement (please describe)