## **University of Southern California**

## MS in APPLIED PSYCHOLOGY – SUPERVISOR EVALUATION FORM

TERM: FALL □ SPRING □ SUMMER □ YEAR: 20\_\_\_\_\_

(Please indicate term and year internship completed)

Dear		

Thank you for taking the time to interact with, train and Providing constructive feedback is an integral part of the evaluation to <a href="mailto:serenadi@usc.edu">serenadi@usc.edu</a> in the MS in Applied P	ne experiential process. Please take a mo		
Student Name:			
Organization:			
Address:			
City/State/Zip:			
Internship Title:			
Supervisor Name:		(PI	ease print)
Supervisor Title:		(PI	ease print)
Supervisor Email:	Supervisor Phone:		
Overall Performance Rating: (Check One)Excellent	Good	Unsatisfact	ory
Communication Skills: (Check One) Excellent	Clear and concise	Needs impr	rovement
Relations with others: (Check One) Exceptional team player	Works well with others	Needs impr	rovement
Student Judgment: (Check One) Exceptionally good judgment	Good	Needs impr	rovement
Dependability: (Check One) Excellent	Dependable	Not depend	dable
Quality of Work: (Check One) Excellent	Average	Unsatisfact	ory
Did the student work at least 240 hours of work?		□Yes	□No
Was this report discussed with the student?		□Yes	□No
Would you be interested in additional USC Interns in the future?			□No
Additional comments:			

Master of Science in Applied Psychology, University of Southern California, Seeley G. Mudd Building, Room 705

Office: 213.740.2269 Email: serenadi@usc.edu