



Graduate Studies Internship Sponsor Assessment

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

Start Date:	End Date:	Number of Hours:
Last Name:	First Name:	Student Number:

Sponsor Information

Sponsor's Name:	Role/Title:	
Organization:	Phone:	Email:

MID-POINT ASSESSMENT (please provide a general assessment that responds to the following questions, as applicable):

1. What is your opinion of the student's progress to date? Please comment on the student's general work competence, attitude, responsibility, independence, initiative and follow-through.
2. Are there any areas in which the student's work could be improved? How can this be accomplished?
3. Describe the student's value to your organization, noting any special accomplishments.

FINAL ASSESSMENT (please provide a general assessment that responds to the following questions, as applicable):

1. How well did the student handle responsibility, time management and deadlines? Please specify.
2. How would you characterize the quality of the student's work? What were your criteria for evaluation?
3. Did the student demonstrate an understanding of the tools and procedures of the position? Please specify.
4. How did the student demonstrate resourcefulness? Were there organizational challenges?
5. How did the student work within the specific parameters of your organization and structure, including interactions with coworkers, supervisors, and the general public?
6. How do you evaluate the student's overall performance? What are the strengths and weaknesses the student has demonstrated? Please specify.

Sponsor: I hereby provide the attached statement to fulfill the specific assessment requirements.

Please Print Name: Signature: Date:

Faculty Member: I have met with the student to discuss issues relevant to the project for this Assessment.

Please Print Name: Signature: Date:

Student: I scheduled and have met with my supervising faculty member to discuss this Assessment.

Signature of Student: Date:

Received by:	Date:	Entered:
--------------	-------	----------