# Department of Tourism, Recreation and Sport Management

## Graduate Practicum and Internship Final Evaluation Form

**Student’s Name:** ________________________________  **UFID:** __________________________

**Course (please circle):**
- LEI 6944
- SPM 6947 (Internship)
- SPM 6948 (Practicum)

**Semester:**
- Fall
- Spring
- SumA
- SumB
- SumC
- 20

Please rate student on a 1-5 scale with 1 = poor and 5 = excellent (N/A = Not Applicable or Don’t Know)

| Rating | Appearance (appropriate grooming and choice of clothing) | Personality (character, deportment) | Speech (use of English) | Enthusiasm (professional interest, growth, motivation) | Willingness to accept responsibility (initiative) | Skill (prior knowledge, adaptability) | Ability to work with others | Leadership (ability to organize, implement new ideas) | Flexibility (adaptability to new ideas) | Originality (creativity, resourcefulness) | Administrative duties (accuracy, timeliness) | Reliability (attendance, punctuality, meeting commitments) | Participation (willingness to join in, etc.) | Care of equipment and job related items | Planning and preparation for assignments | Empathy (sympathetic of, and interest in, clients, etc.) | Ability to motivate others | Responsiveness to supervision (ability to accept criticism) | Professional promise | Other |
|--------|----------------------------------------------------------|------------------------------------|-------------------------|---------------------------------------------------------|------------------------------------------------|-------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------|
| 1.    |                                                          | 2.                                 | 3.                      | 4.                                                      | 5.                                            | N/A                                 | 8.                              | 9.                              | 10.                                     | 11.                                     | 12.                                     | 13.                                     | 14.                                     | 15.                                     | 16.                                     | 17.                                     | 18.                                     | 19.                                     | 20.                                     | N/A                            |

**Comments:**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Name of UF Advisor: ____________________

1. How frequently did you observe the Student? ___________________________________

2. When and where did you meet and discuss this evaluation?

________________________________________________

3. How did the student respond to your ratings and comments?

________________________________________________

4. What were the student’s major tasks during this period?

________________________________________________

5. What skills did the student demonstrate that show mastery of critical skills needed in the planning and delivery of program and events in your agency?

________________________________________________

6. In terms of specific skills, areas for improvement include:

________________________________________________

7. Other comments/reactions:

________________________________________________

Based upon my evaluation, this student has earned a:

LEI 6944 or SPM 6948: Satisfactory or Unsatisfactory grade (Please circle your response)

SPM 6947: Recommended Grade out of 100%: ______ %

Evaluator Signature: ____________________________

Please mail/fax this form to: UF Graduate Advisor: ______________________
Department of Tourism, Recreation and Sport Management
University of Florida
Room 300 FLG
PO Box 118208
Gainesville, FL 32611

You may also scan and email this form to the student’s UF Advisor