ANI 178 INTERNSHIP

PERFORMANCE EVALUATION FORM

(To be completed by supervisor at host organization and original mailed to the SJSU Animation Program office)

Student ID Number ______________________

Student Intern’s Name ___________________________ Portfolio Review Date ________________

Total Hours Completed ______________ Areas of Responsibility ____________________________

Name of Firm/Business ____________________________

OVERALL PERFORMANCE RATING

<table>
<thead>
<tr>
<th>Unacceptable</th>
<th>Needs Improvement But Progressing</th>
<th>Expected</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

_____ Communication Skill _____ Planning/Organizing _____ Judgment

_____ Interpersonal Skills _____ Speed/Consistency Fill in and rate other things specifically related to internship:

_____ Teamwork _____ Accuracy

_____ Adaptability _____ Attendance

_____ Stress Tolerance _____ Initiative

Performance Comments:


Strengths:


Limitations:


-continued on other side-
Recommendations:

VERIFICATION OF HOURS
Please verify your intern has worked 144 hours:

Evaluator’s Signature _____________________________________________

Name/Title ________________________________________________________

Date __________________________

SUPERVISOR

1. Please mail or email the Evaluation along with verification of hours (see above) to:

   Animation/Illustration Program
   c/o Internship Supervisor
   SJSU Department of Design
   One Washington Square
   San Jose, CA 95192-0225