WEBER STATE UNIVERSITY
CRIMINAL JUSTICE DEPARTMENT
FIELD EXPERIENCE: STUDENT PROGRESS REPORT

Student Name:___________________________________________________________
Agency:_________________________________________________________________
Agency Supervisor:________________________________________________________
Period Covered (month/day to month/day)_____________________________________

* Please returned this completed and signed form to your Internship Director by the date specified in your syllabus.

<table>
<thead>
<tr>
<th>1 = Unsatisfactory</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 = Outstanding</th>
</tr>
</thead>
</table>

**Interest:** Did the student
* take his/her internship seriously?
* show up for work on time?
* show sustained interest in all duties?
* ask questions and discuss problem areas?

**Performance:** Did the student
* display ability for the assigned work?
* cooperate with supervisor and co-workers?
* show ability to learn new skills and knowledge?

**Judgment:** Did the student
* exercise common sense?
* understand explanations easily?

**Social Adaptability:** Did the student
* conduct himself/herself properly with the public?
* appear properly dressed and groomed?
* show tact and courtesy?
* display poise and self-confidence?

**Temperament:** Did the student
* exercise self-control?
* get along well with others?

**Intellectual Honesty:** Did the student:
* appear receptive to criticism and suggestions?
* appear objective and able to admit errors?
**Time involved:**
Approximately how many hours did this student volunteer with your Agency?

Number of Hours:___________________

**Grade:**
Your evaluation of this student’s performance will account for 30% of the Final Grade.
On the following scale, please circle the grade you believe this student has earned.
(On a scale of 0-35 points)

<table>
<thead>
<tr>
<th>Letter Grade:</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points that may be earned towards the Final Grade:</td>
<td>35-30</td>
<td>29-25</td>
<td>24-20</td>
<td>19-15</td>
<td>14-0</td>
</tr>
</tbody>
</table>

Please make any comments or observations you feel are pertinent concerning this student's performance:

________________________________________________________________________

Signature of Supervisor

Date

(Please attach a copy of your business card if available)