Faculty Evaluation Form (Abbreviated)

For Internships

This section to be completed by the student applicant. (Please print or type.)

Applicant’s Name ____________________________________________________________

Applicant’s local telephone ___________________________ E-mail ____________________________

Name of Internship Program _______________________________________________________

This section to be completed by the instructor providing the reference.

This is a CONFIDENTIAL reference.

1. How long have you known the applicant and in what capacity?

2. Based on the applicant’s level (indicated above), please indicate your perceptions of the applicant’s language competence in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Inadequate Opportunity to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Expression</td>
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<td></td>
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<tr>
<td>Reading Comprehension</td>
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<tr>
<td>Written Expression</td>
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<td></td>
</tr>
<tr>
<td>Listening Comprehension</td>
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</tbody>
</table>

Based on the applicant’s language aptitude, please select one of the following:

☐ I strongly recommend this student for participation in the internship program.

☐ I recommend this student for participation in the internship program with reservations.

☐ I do not recommend this student for participation in the internship program.

Name and title of the person completing the reference __________________________________________

Signature of person providing the reference ____________________________________________________

Date ___________________________ Work phone or Email ____________________________________________