



Psychology Department
13800 Biola Avenue, La Mirada, California 90639

Evaluation Report
PSYC 450 – Directed Field Work

NAME OF INTERN: _____

SUPERVISOR: _____
Title

ORGANIZATION: _____

ADDRESS: _____
City State Zip Code

TELEPHONE: _____

Brief evaluation of the following:

1. Description of duties:

2. Effectiveness:

3. Dependability:

4. Potential:

Please rate your overall experience with this intern:

Very Poor	Poor	Average	Good	Very Good
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Signature of evaluator: _____ Date: _____