Intern Candidate Name:

Internship Mentor:

Date:

Please provide evaluative comments on the performance of the M.Ed. student for each of the major activities that comprised the Internship.

Activity 1:

Activity 2:

Activity 3:

Activity 4:

Activity 5:

(If additional activities were observed, please and add new activity numbers.)

I agree to abide the terms and conditions of this internship as explained in the M.Ed. Internship Guide. (If signatures are inconvenient to obtain, email approvals may be attached to this form).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship Mentor