

**Lyndon State College Internship Program**

**Final Site Supervisor Evaluation –Part I**

Student’s Name**:** Click here to enter text.

Briefly describe the extent to which the student met his/her learning objectives**:**

1. **Click here to enter text.**
2. **Click here to enter text.**
3. **Click here to enter text.**
4. **Click here to enter text.**

Please use additional sheets if necessary.

Site Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_