



Public Service Corps Intern Evaluation

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We would like to ask you to complete this evaluation *prior* to the intern’s last day of work. After the evaluation has been discussed with the intern, both the supervisor and intern should sign the form. This evaluation is very important as it will be included in the intern’s personnel folder and may be used for future Public Service Corps assignments or in providing job references. Please return the completed evaluation to:

Public Service Corps, 1 Centre Street, Room 2435, New York, NY 10007 or psc@dcas.nyc.gov

Intern Name:	Supervisor:
Intern#:	Agency:
College:	Unit:
Dates the intern has worked under your supervision:	
Brief Description of intern’s duties:	
<p>If the opportunity were to present itself, would you accept this intern for another Public Service Corps work period?</p> <p style="text-align: center;">YES NO</p> <p>If feasible, would you hire this intern as a regular full-time employee?</p> <p style="text-align: center;">YES NO</p> <p>If your reply to any of the questions above is “No”, please indicate the reason(s).</p>	

Please give the following job performance categories careful consideration and circle the rating which best represents your evaluation of the intern.

O – Outstanding **V** – Very Good **S** – Satisfactory **U** – Unsatisfactory **N** – Not Applicable

O V S U N

O V S U N

Interest in assignment						Willingness to accept supervision					
Ability to learn job duties						Initiative					
Willingness to assume responsibility						Ability to analyze and resolve problem					
Organization of work						Oral communication					
Response to instruction/ training						Writing skills					
Relationship with co-workers						Punctuality and attendance					

Please use the space below to further explain any category marked unsatisfactory (U), or for additional information regarding the intern's performance.

Overall job performance: Outstanding Very Good Satisfactory Unsatisfactory

This evaluation was discussed with the intern:

Supervisor name (print)

Supervisor Signature

Date

TO THE INTERN: I agree with this evaluation I disagree with this evaluation

Intern name (print)

Intern Signature

Date

Please use the space below if you would like to remark on any part of this evaluation.