

# CHIPS QUINN - INTERN EVALUATION

## Editor Form

NAME OF INTERN: \_\_\_\_\_

NAME OF NEWSPAPER: \_\_\_\_\_

DATES OF INTERNSHIP: \_\_\_\_\_

INTERN'S BEAT/ASSIGNMENT: \_\_\_\_\_

IMMEDIATE SUPERVISOR DURING INTERNSHIP: \_\_\_\_\_

SUPERVISOR'S TITLE: \_\_\_\_\_

**BELOW, PLEASE PROVIDE SOME DETAILS ON THE INTERN'S RELATIVE STRENGTHS AND WEAKNESSES AND ASSESS HIS OR HER POTENTIAL.**

**WHAT ARE THE GAPS THIS INTERN NEEDS TO FILL BEFORE HE/SHE IS READY FOR EMPLOYMENT?**

YOUR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Can we share this evaluation with the student?  Yes  No

Please return this form to:

**Karen R. Catone**  
Director/Chips Quinn Scholars Program  
Freedom Forum  
555 Pennsylvania Ave., NW  
Washington, DC 20001  
(202) 292-6275 (FAX)