

FORM 6
On-site Mentor Midterm Assessment Report of Intern
Instructional Design and Technology Program
Western Illinois University

Name of Intern: _____

Internship Location: _____

Name of Mentor: _____

Date: _____

Please comment on the progress of the internship in the following areas:

Intern's progress toward the agreed-upon objectives.

Intern's professionalism and overall work habits.

Intern's overall strengths and weaknesses.

Any other matters that you would like to bring to the intern's or faculty advisor's attention.

Thank you for the time and energy you are spending with the intern.