



**Graduate School of Defense and Strategic Studies
Professional Development Assessment**

Top box to be completed by student

Student Name:	M#:	Semester:
Position:		
Organization:		
Supervisor:		
Supervisor's Contact Information:		

Dear Supervisor;

Please provide the following information reflecting your assessment of your Defense and Strategic Studies (DSS) Graduate Program intern and email the completed assessment form to the student's Academic Advisor. Your confidential assessment will receive substantial consideration in the award of his/her grade for the semester. To ensure that the DSS intern receives a grade for his/her internship, **please return this form [date to be provided by student's Academic Advisor].**

Thank you,

Professor Susan Koch, Ph.D.

Email completed form to student's Academic Advisor.

PRIVATE

1. Intern's Name: _____
2. Overall Evaluation of Intern:
 Outstanding
 Good
 Average
 Below Average
3. Intern's most helpful characteristics: *(please insert additional space for response as necessary)*
4. Intern needs to work on: *(please insert additional space for response as necessary)*
5. Any additional comments: *(please insert additional space for response as necessary)*

Signature _____

Phone _____