



United States Coast Guard MWR

Taking Care of Those Who Protect and Defend

360 Degree Feedback Form

Coast Guard Morale, Well-Being, and Recreation Intern Program Supervisor/Mentor Evaluation (This information will be kept confidential)

Your Name: _____ Dates of Internship: _____

Supervisor/Mentor Name: _____

Program Area: _____

Installation: _____

Use the following scale to rate your supervisor/mentor. (Please circle your response).

Qualities	Unsatisfactory	Poor	Fair	Good	Excellent
Provided support as needed	1	2	3	4	5
Motivator	1	2	3	4	5
Role Model	1	2	3	4	5
Communication	1	2	3	4	5
Provided feedback/direction	1	2	3	4	5
Honest and fair	1	2	3	4	5
Leadership	1	2	3	4	5
Took time to work with you	1	2	3	4	5
Overall Rating	1	2	3	4	5

How many times per week did you meet with your supervisor/mentor? _____

Would you recommend this person to serve as a supervisor/mentor next year? Yes No

Comments: _____



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Comments on the overall quality of the internship experience:

Describe how we can improve the internship program:

Describe the skills and knowledge learned in the internship that you feel will benefit you most:

Describe any changes you would make to the local Internship Guide:

Did you receive the Internship Guide in ample time prior to your internship:

General comments on the internship experience:

Please Email To:
Intern Program Manager
Robert.L.Davis@uscg.mil