



Intern Supervisor Monthly Evaluation

NAME: _____

1. Did you recruit the interns through the workforce development from the Halifax County School System?

2. Did you ensure that the students complete all application paperwork, reference checks, and submitted packets and final approval to HHCG Team Chair before students started the Intern program?

3. Were you on site the entire time the interns were working? **Yes** or **No** (circle one)

4. Did you log Interns daily times of arrival, departure of all interns, and transmit this information weekly to HHCG Team Chair at hhcg4you@gmail.com? **Yes** or **No** (circle one)

5. Did you ensure that all produce was picked in a timely manner to maximize quality and yield?



Intern Supervisor Monthly Evaluation

6. Did you ensure that all produce was properly washed (per Food Safety guidance in potable water), sorted, weighed, packaged and stored?

7. Did you ensure that oversized or damaged produce was weighted separately, recorded for type & reason for disposal; and disposed of properly?

8. Did you Schedule interns to work in 4 -hour shifts, example usually 8 am to noon Monday, Wednesday and Friday or on a flexible schedule to ensure that produce is picked and distributed on a regular basis?

9. Did you present information/education to the interns on a weekly basic from the HHCG workforce Development Curriculum or presentation and PowerPoints?

10. Did you ensure that a minimum of 60% of the interns' time was spent working in the HHCG; and when there were no other tasks to be done in HHCG the interns' work on other additional horticultural and environmental education projects in the SVBG?



Intern Supervisor Monthly Evaluation

11. Did you ensure that all work place health and safety protocols were adhered to and immediately reported any adverse incidents to the HHCG Team Chair, Garden Manager A or their designee (were incident form field out and turned into the HHCG Team Chair?)

12. Did you complete monthly evaluations on all interns to determine participation and benefit from the program; and provided the information that was communicated in written format to the HHCG Team Chair?

13. Did you attend all HHCG Team meetings or Zooms Sessions, if not is there a reason why?

14. Did you release any news media submission to the media before having the HHCG Team Chair review it, if yes why?



Intern Supervisor Monthly Evaluation

15. Do you have anything that you would like to discuss about your evaluation?

16. What can you do to improve any areas where you are not succeeding and what can the HHCG Team Chair or Operations Team do for you to help you and guide you to navigate through the process(es) to ensure the growing success and distribution for the communities served.

17. Any recommendations for improving the overall operation of the HHCG?

Supervisor Signature: _____ **Date:** _____

HHCG Chair Signature: _____ **Date:** _____