



Supervisor's Internship Evaluation

Please Print

Student Name _____ Major _____

Employer _____ Supervisor _____

Internship Period: Year _____
 Fall Summer
 Spring Other _____

Will this student continue in this position?
 yes If yes, when? _____
 no

Total number of hours worked during this Internship period: _____

This experience was:
 Paid
 Nonpaid

Directions: Please evaluate the student objectively comparing him or her with students of comparable academic level, personnel assigned the same or similarly classified jobs, or individual standards. Use the scale shown here:

	E-Excellent	A-Above average	S-Satisfactory	N-Needs improvement	U-Unsatisfactory	N/S-Not applicable
PERFORMANCE ITEM	RATING		COMMENTS, EXAMPLES			
Quality of work (accuracy, thoroughness)						
Quality of work (speed, deadlines)						
Oral communication, expression of ideas						
Written communication skills						
Completion of assignments						
Acceptance of responsibility						
Response to constructive criticism						
Working relationship with others						
Takes initiative, seeks assignments						
Shows enthusiasm, interest in job						
Appropriate appearance, dress						
Resourcefulness, creativity						
Attendance, punctuality						
Understanding/adhering to rules, procedures						
Overall performance rating						

Supervisor's Signature _____ Date _____