Intern Evaluation Form

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| Student Intern: Click here to enter text. |
| Company: Click here to enter text. |
| Supervisor: Click here to enter text. |
| Supervisor E-Mail: Click here to enter text. |
| Supervisor Phone Number: Click here to enter text. |
| Date: Click here to enter text. |

# Briefly explain/describe the job performed by the student:

Click here to enter text.

# Rate the following items (5 is the highest rating):

1. How quickly did the student gain competency? Choose an item.

Comments: Click here to enter text.

1. How much self-motivation did the student show? Choose an item.

Comments: Click here to enter text.

1. How well did the student complete work in a timely manner? Choose an item.

Comments: Click here to enter text.

1. How well did the student fulfill the requirements and skills of the job? Choose an item.

Comments: Click here to enter text.

1. What problem solving/decision making skills were identified and enhanced during the internship?

Click here to enter text.

1. What technical skills were gained or enhanced during the internship?

Click here to enter text.

1. What academic and/or work-related recommendations do you have for the student?

Click here to enter text.

1. Additional comments:

Click here to enter text.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |