

# INTERNSHIP EVALUATION

## -Employer Evaluation-



\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Business/Organization Name

\_\_\_\_\_  
Semester

Please help us determine the success of the student working with you this semester. Circle the appropriate number to indicate your evaluation of the student's performance while serving with your organization.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The student performed professionally in all capacities.	1	2	3	4	5
2. The student correctly addressed the goals and needs identified by your organization	1	2	3	4	5
3. The student asked good questions.	1	2	3	4	5
4. The student was prepared for each task assigned.	1	2	3	4	5
5. The student applied concepts learned from classes or experiences.	1	2	3	4	5
6. The student sought out supervision for professional growth purposes.	1	2	3	4	5
7. The student portrayed responsible and ethical job behaviors.	1	2	3	4	5
8. The overall assessment of the quality of work performed by the student is very high.	1	2	3	4	5

Suggested improvements for future professional growth and development would be: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ E-mail Address or Phone # \_\_\_\_\_