



Evaluation Form: Internship Supervisor Paid and Non-Paid Internships

Please evaluate the student intern based on their work at your business or organization.

Intern's name _____ Name of Organization _____

Your name _____ Dates of Internship _____

Professionalism	Strongly Disagree	Disagree	Agree	Strongly Agree	I Don't Know
The student was punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student communicated lateness or absences appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student maintained professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Communication	Strongly Disagree	Disagree	Agree	Strongly Agree	I Don't Know
The student communicated clearly and professionally (verbally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student communicated clearly and professionally (written work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student took initiative and sought out opportunities to contribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:



Problem Solving	Strongly Disagree	Disagree	Agree	Strongly Agree	I Don't Know
The student showed sincere interest in understanding the organization, their role at the job, and assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student practiced sound judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student sought out resources and/or asked for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: