*Insert Logo here*

Your Program

INTERN EVALUATION

-- Class Name --

For month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goals of Internship:

* Demonstrate competency in performance of skills, as related to training
* Gain exposure to organizational structure
* Develop effective communication techniques
* Demonstrate work ethic and reliability

Please evaluate **personal qualities** of the intern as observed during the internship. Select **one** evaluation level for each area by marking an “X” under the level that represents the intern’s performance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills** | **Needs Improvement** | **Satisfactory** | **Excellent** | **Not Applicable** |
| Ability to adapt to a variety of tasks |  |  |  |  |
| Demonstrate professional interpersonal skills |  |  |  |  |
| Persistence in completing tasks |  |  |  |  |
| Reliability and dependability |  |  |  |  |
| Enthusiasm for the experience |  |  |  |  |
| Attention to accuracy and detail |  |  |  |  |
| Willingness to ask for and use guidance |  |  |  |  |
| Ability to cope in stressful situations |  |  |  |  |
| Interacts positively with internal and external customers |  |  |  |  |

**Demonstrates abilities related to Business and Information Technology. Select one evaluation level for each.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skills** | **Needs Improvement** | **Satisfactory** | **Excellent** | **Not Applicable** |
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Additional comments:

Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Program Employment Specialist  School Name  Fax: ###-###-####  E-Mail: name.name@domain.edu |  |

Send completed evaluations to: