

Intern Evaluation Form

Intern Information:

Last name:

First name:

Middle Initial:

Name Suffix:

School:

Campus:

School ID Number:

Supervisor Information

Name:

Position:

Contact Details:

Company Information

Name:

Address:

Information

Start date:

End date:

Total Work Hours:

Evaluation:

Task Assigned:

(Given the following skills, please give the appropriate overall rating based on your observation of the intern's performance 5- Outstanding, 4- Very Good, 3- Satisfactory, 2- Less than satisfactory, 1- poor)

Communication	
English Proficiency	
Knowledge	
Computer Literacy	
Learning	
Performance	
Perceptual Speed	
Reliability	
Interpersonal	
Empathy	
Courtesy	
Responsiveness	
Comments and Suggestions:	

Does the student meet the standards of the company for employment?

☐ Yes

☐ No