

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:

Tasks 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