

Student Name: _____
Last Name First Name MI

Dates of Assignment: From _____ To _____

Job Title: _____ Rate of Pay: _____

Evaluator's Name: _____
Last Name First Name MI

Evaluator's Job Title: _____

Company Name: _____ Date of Evaluation: _____

Evaluation Criteria: Please select one value for each item.

	1	2	3	4	5	6	7
	Excellent			Unacceptable			
Punctuality							
Responsibility							
Dependability							
Efficiency							
Sociability							
Creativity							
Initiative							
Written Communication							
Oral Communication							
Professional Appearance							
Overall Performance							

Please contact me as there is more I would like to say about this intern.

Phone: _____

Best Time to Call: _____

In your professional opinion, does this student have what it takes to succeed in your field?

Yes No

Are you interested in employing another student intern?

Yes No

Potential For Improvement: Your comments, observations and suggestions are needed to assist us in helping our interns reach their full potential. Feel free to include the opinions of everyone who worked with this intern.

Strengths:

Weaknesses:

Evaluations are due during the 15th week of work. Please return to the Associate Dean in the School of Business.

Evaluator's Signature: _____ Date: _____