Name of Intern

Name of Organization ___________________________ Supervisor at Internship ___________________________

Please complete and return before the date listed on reverse.

**Work Habits**

Student is punctual and attends regularly.
Student completes work by deadlines.
Student arranges schedule changes in advance.
Student complies with rules and respects confidentiality.

**Attitude Toward Work**

Student looks for ways to improve.
Student takes initiative.
Student displays enthusiasm.
Student acts professionally.

**Quality of Work**

Student performs a quality level of work.
Student’s work benefited your school/organization.
Student is accurate, thorough and careful.

**Work with Others**

Student cooperates with supervisors.
Student is friendly and courteous, has good rapport,
Student accepts feedback.
Student speaks well.

**Please respond openly to the following questions:**

1. What are this student’s strengths?

2. In what areas could this student improve?

3. Please list any specific skills the student demonstrated in this internship:

**Overall Performance:** ____ Outstanding ____ Very Good ____ Average ____ Unsatisfactory
Has this evaluation been discussed with the student? _____ yes _____ no

______________________________________________________________
Signature of Supervisor                                      Date

Please return by:                                          
Please return to: Student