

School of Business Administration

STUDENT INTERN EVALUATION

Name of Student Intern _____

Place of Employment _____

Date of Employment _____ Hours Worked Per Week _____

Name of Supervisor _____

(Supervisor should be the person completing this evaluation)

Title/Position _____ Phone Number of Supervisor _____

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
1. Please rate the quality of the student's work	1	2	3	4	5
2. Please rate the student's level of skills and knowledge related to work tasks (at beginning of employment period)	1	2	3	4	5
3. Please rate the student's ability to learn new skills and knowledge	1	2	3	4	5
4. Please rate the student's oral communication skills	1	2	3	4	5
5. Please rate the student's written communication skills	1	2	3	4	5
6. Please rate the student's ability to follow instructions	1	2	3	4	5
7. Please rate the student's attitude displayed on the job	1	2	3	4	5
8. Please rate the student intern's overall job performance	1	2	3	4	5

9. Did the student have any unusual absences or tardiness? _____ Yes _____ No

10. Would you recommend this student for another job? _____ Yes _____ No

11. Please include below any other comments (including suggestions for improvement) about this student.

Signature

Date _____