

APPENDIX C
INTERN EVALUATION BY EMPLOYER

(To be completed by Site Supervisor during the final week of the internship experience.)

| | |
|---|--------------------------------------|
| Evaluation of (Name of Intern): | Evaluation Period (From - To Dates): |
| Name of Evaluator: | Name and Address of Company: |
| <p>This intern evaluation serves two purposes: (1) a grading tool for the internship and (2) as professional feedback to the intern regarding his/her performance. It is recommended that you review the results of this evaluation with the Intern before sending it to the BHSU Internship Coordinator.</p> | |
| <p>Please return the evaluation to the BHSU Internship Coordinator:</p> <p>Address:</p> <p style="text-align: center;">THANK YOU FOR YOUR INVOLVEMENT WITH THE BHSU INTERNSHIP PROGRAM.</p> <p style="text-align: center;">IF WE CAN BE OF SERVICE TO YOU IN THE FUTURE, PLEASE LET US KNOW.</p> | |

| A. ATTITUDE | |
|---|------------------|
| <p>_____ Not cooperative. Negative response to supervision.</p> <p>_____ Reasonably interested in job. Makes an occasional suggestion. Performs as directed.</p> <p>_____ Intense interest in job. Possesses leadership qualities; generates enthusiasm in others.</p> <p>_____ Receptive to new ideas. Alert for the opportunity to improve work procedures.</p> <p>_____ Indifferent approach to job. Does only what is required.</p> | <p>Comments:</p> |
| B. KNOWLEDGE OF JOB | |
| <p>_____ Limited knowledge. Considerable supervision required.</p> <p>_____ Handles assignments with partial assistance. Frequent instructions required.</p> <p>_____ Capably handles all usual job situations. Knowledge and productivity increasing.</p> <p>_____ Capable of instructing others. Has good supervisory skills.</p> <p>_____ Completes daily work satisfactorily. Occasional direction required.</p> | <p>Comments:</p> |

| C. JUDGMENT | |
|---|------------------|
| <p>_____ Unpredictable. Cannot make decisions or makes decisions based on emotions.</p> <p>_____ Good judgment. Decisions can be relied on.</p> <p>_____ Usually makes sound decisions. Could improve with experience.</p> <p>_____ Decisions not always sound. Immature.</p> <p>_____ Sound judgment. Clear thinker under pressure. Decisions respected and frequently sought by fellow employees.</p> | <p>Comments:</p> |
| D. CAPABILITY TO LEARN | |
| <p>_____ Must repeat instructions in general. Work must be checked occasionally. Learns less readily than most.</p> <p>_____ Outstanding ability to comprehend instructions and new ideas, and to retain what has been learned.</p> <p>_____ Learns fairly fast. Retains most of what had been learned.</p> <p>_____ Must repeat instructions in detail and check work frequently. Learns slowly.</p> <p>_____ Quick to learn. Asks intelligent questions. Retains knowledge.</p> | <p>Comments:</p> |

| E. HUMAN RELATIONS | |
|--|------------------|
| <p><input type="checkbox"/> Adequate relations with customers and associates. Cooperative.</p> <p><input type="checkbox"/> Courteous. Friendly. Has poise and dignity. Well accepted by customers and associates.</p> <p><input type="checkbox"/> Abrupt. Lacks poise. Not responsive to public and/or associates.</p> <p><input type="checkbox"/> Antagonistic. Self-centered. Lacks tact.</p> <p><input type="checkbox"/> Dynamic personality. Influences others and is respected by associates and customers.</p> | <p>Comments:</p> |
| F. APPEARANCE | |
| <p><input type="checkbox"/> Exceptional</p> <p><input type="checkbox"/> Above standard</p> <p><input type="checkbox"/> Acceptable</p> <p><input type="checkbox"/> Below standard</p> <p><input type="checkbox"/> Not acceptable</p> | <p>Comments:</p> |

G. What have been the intern's primary duties during this evaluation period?

H. Overall, in what skills or traits does the intern seem strongest?

I. Overall, in what area(s) does the intern need improvement?

J. During this period, what new skills or tasks has the intern learned?

K. Do you believe the intern has satisfactorily fulfilled his/her obligations to you as internship Supervisor/site?

_____ **Yes**

_____ **No (If no, please comment.)**

Signature of Evaluator:

Date of Evaluation: