# APPENDIX D – INTERN EVALUATION BY EMPLOYER

**INTERN EVALUATION BY EMPLOYER**

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

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| **EVALUATION OF (NAME OF INTERN):**  NAME OF INTERN | **EVALUATION PERIOD (DURATION OF INTERNSHIP):**  START DATE **TO** END DATE |
| **NAME OF EVALUATOR:**  NAME OF EVALUATOR | **NAME AND ADDRESS OF COMPANY:**  NAME OF COMPANY  ADDRESS 1  ADDRESS 2  CITY, ST ZIP CODE |
| **THIS INTERN EVALUATION SERVES TWO PURPOSES:**  **(1) a tool for evaluating the internship experience and**  **(2) as professional feedback to the intern regarding their performance. It is recommended that you review the results of this evaluation with the intern before sending it to the Internship Coordinator.** | |
| Please return the evaluation to the Internship Coordinator:  **THANK YOU FOR YOUR INVOLVEMENT**  **WITH THE BHSU – CAREER DEVELOPMENT INTERNSHIP PROGRAM.**  **IF WE CAN BE OF SERVICE TO YOU IN THE FUTURE, PLEASE LET US KNOW BY EMAILING CAREERS@BHSU.EDU.** | |

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| **A. ATTITUDE** | |
| Not cooperative. Negative response to supervision.  Reasonably interested in job. Makes an occasional suggestion. Performs as directed.  Intense interest in job. Possesses leadership qualities; generates enthusiasm in others.  Receptive to new ideas. Alert for the opportunity to improve work procedures.  Indifferent approach to job. Does only what is required. | **COMMENTS:** |
| **B. KNOWLEDGE OF JOB** | |
| Limited knowledge. Considerable supervision  required.  Handles assignments with partial assistance.  Frequent instructions required.  Capably handles all usual job situations. Knowledgeable and productive.  Capable of instructing others. Has good supervisory skills.  Completes daily work satisfactorily.  Occasional direction required. | **COMMENTS:** |
| **C. JUDGMENT** | |
| Unpredictable. Cannot make decisions or makes decisions based on emotions.  Good judgment. Decisions can be relied on.  Usually makes sound decisions. Could improve with experience.  Decisions not always sound. Immature.  Sound judgment. Clear thinker under pressure. Decisions respected and frequently sought by fellow employees. | **COMMENTS:** |

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| **D. CAPABILITY TO LEARN** | |
| Must repeat instructions in general. Work must be checked occasionally. Learns less readily than most.  Outstanding ability to comprehend instructions and new ideas, and to retain what has been learned.  Learns fast. Retains most of what had been learned.  Must repeat instructions in detail and check work frequently. Learns slowly.  Quick to learn. Asks intelligent questions. Retains knowledge. | **COMMENTS:** |
| **E. HUMAN RELATIONS** | |
| Adequate relations with customers and associates. Cooperative.  Courteous. Friendly. Has poise and dignity. Well accepted by customers and associates.  Abrupt. Lacks poise. Not responsive to public and/or associates.  Antagonistic. Self-centered. Lacks tact.  Dynamic personality. Influences others and is respected by associates and customers. | **COMMENTS:** |
| **F. APPEARANCE** | |
| Exceptional  Above standard  Acceptable  Below standard  Not acceptable | **COMMENTS:** |
| **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 SITE SUPERVISOR? YES  NO (IF “NO”, PLEASE COMMENT.)** | |
| **L. PLEASE COMMENT ON HOW THE STUDENT DEMONSTRATED IMPACT, INNOVATION, AND ENGAGEMENT WITH THIS INTERNSHIP.** | |
| **NAME/TITLE OF EVALUATOR:**  NAME OF EVALUATOR  TITLE OF EVALUATOR  **SIGNATURE OF EVALUATOR:** | **DATE OF EVALUATION:**  SELECT DATE OF EVALUATION |