



# Student Internship Evaluation Form

Semester 5, 2024

## **Evaluator:**

Organization:

Supervisor/Advisor:

Position:

Telephone No.:

## **Student evaluated:**

Name, Surname:

Your evaluation regarding the general performance and abilities of our student completing his/her internship at your organization is of great importance. It is for this reason that we ask you to evaluate the knowledge and abilities as well as the attitude and conduct of our student according to the points stated below, based on the observations you made throughout the internship period

Using the rating scale below, please circle the number which best rates the intern.

**1=Outstanding 2=Good 3=Average 4=Poor 5=Inadequate**

Responsibility: punctual, prepared, reliable	1	2	3	4	5
Leadership: takes initiative, earns respect	1	2	3	4	5
Positive energy and attitude	1	2	3	4	5
Rapport with others	1	2	3	4	5
Knowledge of subject area	1	2	3	4	5
Quantity of work output	1	2	3	4	5
Quality of work output	1	2	3	4	5
Meeting expectation/ accomplishing agreed-upon goals	1	2	3	4	5
Etiquette of work	1	2	3	4	5



Please use the back of this form if needed to answer the following:

What are the intern's greatest work strengths? \_\_\_\_\_

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What are some areas in which the intern needs to improve? \_\_\_\_\_

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Any other relevant observations or suggestions: \_\_\_\_\_

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**Overall evaluation:    /100**

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Supervisor's signature