



SUPERVISOR EVALUATION FORM

Student name: _____	Company: _____
School/University _____	Your name: _____
Date internship started: _____ ended: _____	Your job title: _____
Was this evaluation shared with the student: Yes No	Your Signature: _____

Please rate your overall experience by circling the appropriate number.

Intern showed initiative

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Intern showed development of their professional skills

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Intern sharpened their technical skills

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Intern showed problem solving/decision making skills

1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Please respond to the following based on your overall internship experience.

- 1.) Please comment on the Intern’s areas of strength and any areas that need improvement.

- 2.) Did the intern produce high-quality work?

- 3.) Would you recommend full time employment for this intern when they graduate?

- 4.) How would you rate your overall experience working with this intern?