

Internship Evaluation Form

(Student must get the company supervisor to fill out this completion form and student must submit to the instructor)

Student Name _____

Student Email _____

Company Name _____

Supervisor Name _____

Internship Period (mm/dd/yy-mm/dd/yy) _____ - _____ Hours Per Week: _____

Evaluate the intern's willingness in performing assigned tasks.

- Excellent
- Good
- Deficient
- Failing

Was intern a help to the office?

- Excellent
- Good
- Deficient
- Failing

Thoroughness of intern's work (attention to detail and accuracy), and efforts in the office.

- Excellent
- Good
- Deficient
- Failing

Intern's general attitude.

- Excellent
- Good
- Deficient
- Failing

Intern's verbal communications; expressing their thoughts and understanding the thoughts of others.

- Excellent
- Good
- Deficient
- Failing

Intern's professional curiosity in asking questions about office techniques and procedures.

- Excellent
- Good
- Deficient
- Failing

Ability of intern to take on assigned responsibilities to the best of intern's capability.

- Excellent
- Good
- Deficient
- Failing

Intern's curiosity of professional career.

- Excellent
- Good
- Deficient
- Failing

Evaluate the intern's development and progress in technical skills such as drafting, sketching, delineation, etc.

- Excellent
- Good
- Deficient
- Failing

Evaluation of intern's overall performance.

- Excellent
- Good
- Deficient
- Failing

Additional Comments:

Company Supervisor Signature _____

Date _____