INTERNSHIP EMPLOYER EVALUATION

Student Name (Last, First, Middle): Organization Name:				
Address (street, city, state & zip):				
Supervisor Name:		Title:		
Preferred Phone #: ()				
Student Title (position on the job):				
Total Weeks Worked: Starting Date: Finish Date:		al Hours Worked:		
The following skills and personal traits are reperformance in each area:	gularly rated as d	esired by employers. E	valuate this student's	
Adapts to New/Changing Circumstances	Below Average	Average	Above Average	
Analytical / Quantitative	Below Average	Average	Above Average	
Communication (Verbal)	Below Average	Average	Above Average	
Communication (Written)	Below Average	Average	Above Average	
Critical Thinking/Analytical Reasoning	Below Average	Average	Above Average	
Global/Cultural Awareness	Below Average	Average	Above Average	
Initiative	Below Average	Average	Above Average	
Innovation / Creativity	Below Average	Average	Above Average	
Leadership / Decision-Making	Below Average	Average	Above Average	
Organizational Awareness / Cultural Fit	Below Average	Average	Above Average	
Problem Solving	Below Average	Average	Above Average	
Self-awareness / Social Intelligence	Below Average	Average	Above Average	
Teamwork / Collaboration		Average	Above Average	

Comments:

The student developed goals and learning outcomes prior to beginning this internship. Please review the student's Internship Form and evaluate and comment on how the student met, exceeded or failed to meet h her goals and learning outcomes.	is or
GOAL/LEARNING OUTCOME # 1:	
The student met, exceeded or failed to meet this objective in the following ways:	
GOAL/LEARNING OUTCOME # 2:	
The student met, exceeded or failed to meet this objective in the following ways:	
GOAL/LEARNING OUTCOME # 3:	
The student met, exceeded or failed to meet this objective in the following ways:	
This student has fulfilled my expectations of this internship. Agree Disagree	
Employer Signature: Date:	