SUPERVISOR FINAL EVALUATION
OF INTERN

(For office use only)
Date Received: __________
Initials: __________

Administrative Information

Student: ___________________________________________

Company Name: _______________________________________

Start Date: ___________________________________________

End Date: ___________________________________________

Job Title: ___________________________________________

Hourly Rate: ___________________________________________

Employer’s Evaluation of the Experience

Wages received: ______

Overall Performance Rating:
(Check One)

___ Outstanding      ___ Average +
___ Very Good +      ___ Average
___ Very Good        ___ Average -
___ Very Good -      ___ Unsatisfactory

Communication Skills:
(Check One)

___ Demonstrates excellent communication skills
___ Demonstrates above average communication skills
___ Communications clearly and concisely
___ Need improvement
___ Did not have the opportunity to demonstrate

Relations with others:
(Check One)

___ Exceptional team player
___ Consistently works well with others
___ Sometimes works well with others
___ Needs improvement
___ Did not have the opportunity to demonstrate

Student Judgment:
(Check One)

___ Consistently uses exceptionally good judgment
____ Uses good judgment in most situations
____ Uses good judgment in select situations
____ Needs improvement
____ Did not have the opportunity to demonstrate

Work Ethic/Attitude:
(Check One)
____ Outstanding
____ Above average
____ Average
____ Needs improvement

Dependability:
(Check One)
____ Completely dependable
____ Above average dependable
____ Usually dependable
____ Not dependable

Quality of Work:
(Check One)
____ Outstanding
____ Very good
____ Average
____ Below average
____ Unsatisfactory

Did the student complete at least 30 hours of work?  Yes  No
Was this report discussed with the student?  Yes  No
May this report be shared with the student?  Yes  No

Additional comments on intern’s work performance:
__________________________________________________________________________________
__________________________________________________________________________________

Employer’s Information
Printed name of individual completing performance review:
__________________________________________________________________________________

Signature:
__________________________________________________________________________________

Position title: ______________________________________________________________________

Date: ______________

**This form may be emailed to interns@lmu.edu or submitted to the Internship Office at Career Development Services in Malone 201.