

Supervisor Evaluation of Student Intern

Student Name: _____
Supervisor: _____
Company/Org: _____

Student ID#: _____
Title: _____
Internship Period: From _____ To _____

Supervisors: Please complete the following evaluation of your intern utilizing the rating scale indicated below. Utilize the "Comments" section to clarify or elaborate on your rating on a particular indicator.

Return completed evaluation to:

Career Center, Internship Program
900 University Avenue
Riverside, CA 92521

1-Excellent • 2-Good • 3-Average • 4-Below Average • 5-Poor • N/A

Rating of Student's Performance

Comments

___ Reliability and dependability _____	_____
___ Receptive to feedback _____	_____
___ Follows directions _____	_____
___ Works cooperatively with others _____	_____
___ Demonstrated interest in career field _____	_____
___ Takes initiative _____	_____
___ Approachable, positive attitude _____	_____
___ Effective use of time _____	_____
___ Quality of work completed _____	_____
___ Punctuality/attendance _____	_____
___ Written communication _____	_____
___ Verbal communication _____	_____
___ Analytical ability _____	_____
___ Decision making ability _____	_____
___ Overall evaluation of student's performance _____	_____
_____	_____

Has this report been discussed with the student intern? Yes ___ No ___

NOTE: University policy allows interns to review this internship evaluation form.

Signature: _____

Date: _____