INTERNERSHIP EVALUATION FORM

Intern’s Name ________________________________ Date ________________

Firm’s Name ________________________________ Supervisor _____________

This internship evaluation is to be completed by the student’s site supervisor at the end of the internship. If the student worked in a number of positions under the direction of more than one supervisor, this form should be completed by the individual who had the most contact with the student. More than one evaluation may be completed if necessary.

A. Goals and Objectives

This part of the evaluation form pertains to the goals and objectives developed at the start of the internship. Please make your comments as complete as possible.

1. Were the goals and objectives prescribed for the internship realistic and obtainable?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Did the student strive to accomplish the goals and objectives while employed at this internship position?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. In your opinion, did the student fail to meet, meet, or exceed the goals and objectives of this internship position?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
B. On-the-Job Performance:

Evaluate the student’s on-the-job performance using a scale of 1 to 5 as outlined below.

1 = Excellent  
2 = Above Average  
3 = Average  
4 = Fair  
5 = Poor  
N/A = any criteria which does not apply

1. Job Performance:
   a. Comprehend instructions  
   b. Demonstrated ability to organize and schedule work  
   c. Took responsibility for tasks assigned/self starter  
   d. Required minimum supervision once task explained  
   e. Completed tasks in a satisfactory and timely manner  
   f. Demonstrated interest and initiative in assignments  
   g. Accepted criticism and modified behavior when required

2. Communication Skills:
   a. Demonstrated good oral communication skills with:  
      clients  
      fellow workers  
      supervisors and management  
   b. Demonstrated good written communication skills

3. Demonstrated the following desirable personal traits:
   a. Mature attitude  
   b. Reliability  
   c. Cooperation  
   d. Appearance and personal habits

C. Additional Comments and Observations

Complete and straightforward comments in answer to the following questions will assist the student in selecting and preparing for a future career. Your careful consideration of these questions is appreciated.
1. Does this intern have the potential to advance in this profession? 
   
2. Please indicate the strengths you observed in the intern: 
   
3. Please indicate those skills you believe the intern will need to improve for successful entry and advancement in this profession: 
   
4. Recommendations for future development or training: 
   
5. Additional comments you think appropriate but not covered elsewhere on this evaluation: 
   
6. If an opening became available in your firm, would you consider this student for a full-time position? 
   
7. Did you find the internship program effective? 
   
8. Are you willing to continue with this program in the future? 
   
9. Would you be willing to serve as a key contact person for future interns seeking internships?
10. If you answered yes on question 9, please provide your current phone number and e-mail address: __________________________________________________________

11. If you answered yes on question 9, may we post your name, phone number, and e-mail address to our Internship Intranet Web Page (these pages are only viewed by Franklin Pierce students, faculty, and staff)?

Yes ____  No ____

Thank you for your support!

________________________________________  __________________________
Supervisors’ signature                   Date

________________________________________
Organization Name

________________________  __________  ________  ________
Street Address            Town/City      State      Zip