



# Internship Evaluation

Student Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Worksite Location: \_\_\_\_\_ Worksite Supervisor \_\_\_\_\_

Worksite Address \_\_\_\_\_ Worksite Phone \_\_\_\_\_

Please evaluate the student in the areas below using the following rating scale: Student is...

1- Poor 2- Average 3 Above Average 4- Outstanding NA- Not Applicable

LEARNING OBJECTIVES	30 Hour Evaluation	60 Hour Evaluation	90 Hour Evaluation
1 The Intern will			
2 The Intern will			
3. The Intern will			
4. The Intern will			
Professional Work Aptitudes	30 Hour Evaluation	60 Hour Evaluation	90 Hour Evaluation
Follows job safety and health rules			
Follows directions and asks for clarification			
Shows good judgment (plans tasks)			
Problem solving & decision making			
Demonstrates punctuality			
Gives timely notice of absences			
Maintains appropriate personal hygiene and dress			
Cooperates with co-workers			
Responds appropriately to supervisors			
Demonstrates appropriate work-site behavior			
Reacts appropriately to constructive criticism			
Completes tasks/assignments on time			
Shows initiative (self- starter)			
Is responsible (business-like attitude)			

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Worksite Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

# Internship Evaluation



WBL Coordinator Signature

Date