

## INTERN EVALUATION BY EMPLOYER/SPONSORING ORGANIZATION

---

Intern's Name \_\_\_\_\_

Internship Organization Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_ E-mail \_\_\_\_\_

For each of the following, please rate the student by indicating the number representing the most appropriate description of the student for each of the following statements relating to personal characteristics, professional behavior, job performance, and supervision (where 1 = lowest/never and 5 = highest/always).

The student has a desire to learn about this organization and its program, and has a clear understanding of the services provided by the organization. \_\_\_\_\_

The student has an understanding of the policies set forth by the organization and follows policies and procedures. \_\_\_\_\_

The student is reliable with regard to punctuality and attendance. \_\_\_\_\_

The student presents appropriate appearance and demeanor for the job. \_\_\_\_\_

The student models enthusiasm, energy, and industriousness. \_\_\_\_\_

The student is able to carry out assigned responsibilities and/ or follow instructions, and is prompt in completing reports/tasks \_\_\_\_\_

The student exhibits creativity and imagination (looking for better ways to do things). \_\_\_\_\_

The student is a receptive learner and is able to respond to suggestions and critical evaluations adaptively rather than defensively. \_\_\_\_\_

The student is able to participate in the evaluation of his/her work and understands the value of valuation as a learning tool. \_\_\_\_\_

The student is able to maintain a professional relationship of cooperation with fellow staff members. \_\_\_\_\_

The student maintains confidentiality and good judgment in discussion of issues. \_\_\_\_\_

Please respond to the following.

This student's strength(s) lies in the area(s) of:

---

---

---

---

This student needs improvement in the area(s) of:

---

---

---

---

Evaluation of Total Performance to Date (Please Circle)

Poor      Below Average      Average      Above Average      Excellent

Do you have any overall comments, observations or suggestions that the Sweet Briar College faculty or staff need to know for academic or personal career counseling of this intern?

---

---

---

---

Do you have any recommendations for how we may better prepare students for professional employment in your organization (specifically, are there subject areas that need to be strengthened?)

---

---

---

---

Do you have any recommendations on how the administrative aspects of the internship program could be improved?

---

---

---

---

Would you request another Sweet Briar College intern?      Yes \_\_\_\_\_      No \_\_\_\_\_      Maybe \_\_\_\_\_  
Do you wish this report to be withheld from the student?      Yes \_\_\_\_\_      No \_\_\_\_\_

Printed Name

Signature

Date

Please return this form to:  
Barbara Watts, Director of Career Services  
P.O. Box 1096 Sweet Briar College  
Sweet Briar, VA 24595  
email - bwatts@sbc.edu  
Fax # 434-381-6396

THANK YOU!