



STUDENT INTERN EVALUATION FORM

Intern Name: _____ Internship Start Date: _____ Internship End Date: _____

Employer Name: _____ Employer Phone Number: _____

Name and Title of Student Supervisor: _____

Briefly describe the training provided for the student during the internship:

Did the intern perform the duties assigned according to expectations? _____

Was the quality and quantity of work satisfactory? _____

Did the intern exhibit a professional demeanor? _____

Comments:

Signature of Supervisor: _____

Date: _____