

# EMPLOYER INTERNSHIP EVALUATION

## *Coastal Carolina University*

Student Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Period Covered: (check one)    **Mid-Internship Evaluation**    **Final Evaluation**

*This rating should be made with fairness in the interest of the student. Reflect carefully upon the intern's work and make an honest judgment of the performance of the student. Base your judgment on the entire period covered, and not upon isolated incidents alone. This evaluation can be made twice during the Internship, and each evaluation should be shared with the student. Your discussion of the evaluation with the student, especially at Mid-Internship, is an opportunity to enhance the student's personal and professional growth.*

**(4) Outstanding   (3) Good   (2) Acceptable   (1) Needs Improvement   (0) Not Applicable**  
 (Please mark (X) the appropriate grade for each criterion)

	(4)	(3)	(2)	(1)	(0)
1) Establishes Work Goals					
2) Completes Assignments On or Before Due Dates					
3) Demonstrates Effective Problem-Solving Ability					
4) Is Objective Regarding Own Performance and Quality of Work					
5) Effective in Oral Communication					
6) Effective in Written Communication					
7) Demonstrates Ability to Learn & Apply New Skills					
8) Able to Work Under Pressure					
9) Demonstrates Ability to Think Independently					
10) Personal Grooming and Dress					
11) Accepts Suggestions, Direction and Critical Evaluation					
12) Offers Opinions and Suggestions at Appropriate Time/Place					
13) Accepts Assignments Willingly					
14) Demonstrates Positive Relationship with Co-Workers					
15) Has Maintained Established Work Schedule					
16) Overall Performance Evaluation					

## SUPERVISOR COMMENTS

1. What is your perception of the student's strengths?

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2. What is your perception of the student's weaknesses?

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3. Recommendations for improvement:

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**Employer Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I give my permission to my Internship Faculty Supervisor/Coordinator to share these evaluation results with employers who are considering me for other internships or employment opportunities* \_\_\_\_\_YES \_\_\_\_\_NO

**Student Intern Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_