INTERNSHIP EVALUATION FORM

INTERN: Fill in the top portion of this form and give it to your internship supervisor to complete.

INTERN SUPERVISOR:
Please complete, sign, and e-mail this form directly to Vess Vassileva-Clarke: vclarke@jhu.edu. Your feedback is important to the education and professional development of our students. Please note that, unless otherwise requested, we may share your responses with the student intern. Thank you!

Intern Name: _____________________________________
Internship Start Date _______________ Internship End Date _______________________
Internship Supervisor: _______________________________________________________

PART I

Intern Supervisor: Please evaluate the intern’s abilities or performance during his/her internship in your organization, using the scale below (circle one).

5=outstanding, 4=above average, 3=average, 2=below average 1=Unsatisfactory, and NA=not applicable

1. Intern demonstrated punctuality and adhered to work scheduled.

   5 4 3 2 1 NA

2. Completed required or expected number of hours of work.

   5 4 3 2 1 NA

3. Completed work assignments accurately and reliably.

   5 4 3 2 1 NA

4. Worked well or cooperated with others in carrying out assignments.

   5 4 3 2 1 NA

5. Written Communication Skills

   5 4 3 2 1 NA

6. Oral Communication Ability

   5 4 3 2 1 NA

7. Work motivation and attitude

   5 4 3 2 1 NA
8. Intern’s academic preparation or ability to apply learned skills to the internship work environment.
   5 4 3 2 1 NA

9. Ability to learn new skills and used them successfully on the job.
   5 4 3 2 1 NA

10. Intern’s overall performance.
    5 4 3 2 1 NA

**PART II: Assess the intern’s strengths and weaknesses in the spaces provided below.**

1. Intern’s areas of strength (attach additional pages if necessary)
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

2. Recommendations for improvement (attach additional pages if necessary)
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

3. Would you recommend this intern to continue working on the assigned project?
   YES NO NA

   Supervisor Signature: ____________________________ Date: ______________

   Supervisor Name: ____________________________ Work Phone: ______________

   Email: ________________________________