Employer Evaluation of Intern

Student: ____________________________ Employing Organization ____________________________

Please rate your student intern on the following aspects on the basis of this scale:

(0) No Observation, (1) Poor, (2) Fair, (3) Good, (4) Excellent

A. Ability to Learn
___ Asks pertinent and purposeful questions
___ Seeks out and utilizes appropriate resources
___ Accepts responsibility for mistakes and learns from experiences

B. Communication Skills
___ Effectively participates in meetings or group settings
___ Demonstrates effective verbal communication skills
___ Communicates ideas and concepts clearly in writing

C. Creative Thinking & Problem Solving Skills
___ Breaks down complex tasks/problems into manageable pieces
___ Brainstorms/develops options and ideas
___ Demonstrates an analytical capacity

D. Professional & Career Development Skills
___ Exhibits self-motivated approach to work
___ Demonstrates ability to set appropriate priorities/goals
___ Exhibits professional behavior and attitude

E. Interpersonal & Teamwork Skills
___ Manages and resolves conflict in an effective manner
___ Supports and contributes to a team atmosphere
___ Listens to others in an active and attentive manner

F. Basic Work Habits
___ Reports to work as scheduled and on time
___ Exhibits a positive and constructive attitude
___ Dress and appearance are appropriate for this organization

G. Industry-Specific Skills
Are there any skills or competencies that you feel are important to the profession or career-field (represented by your organization) that have not been previously listed in this evaluation? If so, please list these skills below and assess the intern accordingly.

1. ___ ____________________________ ______________________________________________________________________________
2. ___ ____________________________ ______________________________________________________________________________
3. ___ ____________________________ ______________________________________________________________________________

H. Comments:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

This assessment was reviewed with the intern on (Month/Day/Year) ________________

Evaluator’s Signature: ____________________________ Date: ________________

Name: ____________________________ Title: ____________________________

Email: ____________________________ Telephone: ____________________________