

Student: _____ **Organization:** _____
Credit _____ Non Credit _____ Faculty Supervisor _____

Please rate your student intern on the following aspects, using this numeric 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. Listening & Oral Communication Skills

- ___ Listens to others in an active and attentive manner
- ___ Effectively participates in meetings or group settings
- ___ Demonstrates effective verbal communication skills

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
- ___ Demonstrates assertive but appropriate behavior

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. Open Category: Industry-Specific Skills and/ or Skills identified by the College Internship Advisor

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. _____
4. _____

H. Comments:

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

Evaluator's Signature: _____ Date: _____

Title/Position: _____ Telephone: _____ Email: _____

Thank you for providing this learning opportunity for our student.

Please mail or fax this evaluation to:

Albright College

Experiential Learning and Career Development Center / Internship Program

PO Box 15234, Reading, PA 19612-5234

Fax: 610-921-7635

Phone: 610-921-7630

E-mail: elcdc@alb.edu

For Career Development Center Only

Date received in Center: _____

Date entered in database: _____

Copies sent to: ___ Faculty Supervisor