

UNIVERSAL SCHOOL INTERN QUARTERLY EVALUATION

Student's Name: _____ Evaluation Period: _____

Internship Site/Company: _____

Supervisor's Name: _____

Supervisor's email: _____

Internship Coordinator: Dalila Benameur/ Academic Counselor, Universal School

Dear Partners, please take a few minutes to evaluate your intern(s) individually. We would like to ensure that they are fulfilling their responsibilities and meeting your expectations in order to receive credit at Universal School.

AREA OF PERFORMANCE	SUPERIOR	GOOD	SATISFACTORY	NEEDS IMPROVEMENT	N/A
Follows instructions appropriately					
Works independently					
Takes initiative to accomplish task without being asked					
Completes assignments on time					
Demonstrate professionalism with colleagues & supervisor					
Observes work hours, rules, & regulations					
Dresses appropriately					
Punctuality					
Demonstrates integrity and work ethics					
Displays a positive attitude towards work and colleagues					
Displays teamwork qualities and respect for others					