
EMPLOYER EVALUATION FORM

INTERNSHIP PROGRAM

Employee Name: _____

Position: _____

Start Date: _____

Please Indicate:

PROBATIONARY EVALUATION 3 mos.

FINAL EVALUATION 12 mos. or 16 mos.

	A	B	C	D	E	Comments
Ability to Learn						
Skill Level Attained						
Quality of Work						
Volume of Work						
Initiative						
Organization and Planning						
Judgement						
Reliability						
Interaction with Others						
Communication Skills: Oral						
Communication Skills: Written						
OVERALL PERFORMANCE RATING	A	B	C	D	E	

A = Excellent; B = Very Good; C = Average; D = Fair; E = Poor

Acceptance of Criticism and Suggestions	Appreciative		Resentful	
Attendance	Regular		Irregular	
Punctuality	Regular		Irregular	
Grooming	Appropriate		Inappropriate	

Employer's Evaluation of Internship Employee

List Employee's major technical duties:

Employee's strengths and areas of performance to develop:

Please write comments on OVERALL PERFORMANCE:

Please comment on your thoughts regarding the Internship Program and any suggestions for preparing students prior to beginning placements:

Has this Evaluation been discussed with Employee?

Yes

No

Name of Evaluator: _____

Title: _____

Company: _____

Department: _____

Telephone Number: _____ Date: _____

**ANY OBSERVATIONS YOU MAY HAVE REGARDING THIS PROGRAM OR
THE PREPARATION OF THE STUDENTS WOULD BE VERY WELCOME.**