

Company Feedback Form

Date: _____

Intern Name: _____

Company: _____

Supervisor Name: _____

<i>Please rate the intern on the following attributes (1=unsatisfactory, 2=fair, 3=average, 4=above average, 5=excellent). Check the appropriate box</i>	1	2	3	4	5
Attendance					
Performance/Motivation					
Professionalism					
Planning					
Problem Solving					
Communication					
Knowledge/Learning					

Please give a brief answer to the following questions

Was the student properly prepared for the internship (academically and professionally)?

Did the student meet or surpass your expectations?

How did the student relate to coworkers?

What skills do you wish the student had which he/she did not have?

Would you hire this student, or one comparable, permanently, if an opening existed?

How can the Food Science Department improve the internship program?

Please return this form to:

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