



Intern Evaluation Form

Intern's Name: _____

Intern's Name: _____

Internship Site's Name: _____

Internship Site Supervisor's Name: _____ Phone: _____

Internship Site Supervisor's Signature: _____ Date: _____

Please check the response that reflects the intern's performance. The evaluation below is confidential unless permission is granted by the Internship Site Supervisor.

Relationship with Others <input type="checkbox"/> Works well with others <input type="checkbox"/> Gets along satisfactorily with others <input type="checkbox"/> Has Some difficulty working with others	Quality of Work <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Below Average
Judgment <input type="checkbox"/> Excellent in making decisions <input type="checkbox"/> Usually makes the right decision <input type="checkbox"/> Often uses poor judgment	Dependability <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Below Average
Ability to Learn <input type="checkbox"/> Learns quickly <input type="checkbox"/> Average in learning <input type="checkbox"/> Slow to learn	Attitude <input type="checkbox"/> Very interested and independent <input type="checkbox"/> Average interest and independence <input type="checkbox"/> Below average interest and independence
Technical Disciplinary Skills <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Below Average	Professional Appearance and Behavior <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Below Average
Attendance <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Punctuality <input type="checkbox"/> Regular <input type="checkbox"/> Irregular
Additional Feedback or Comments: 	

Please save this form and email it to:

Dr. Karen Balcanoff
Director of Student Support and Baccalaureate Admissions
 karenbalcanoff@sjrstate.edu