

ACCOUNTING INTERNSHIP EVALUATION

Name of Student _____ UIN _____

Employer _____

Address _____

Internship Start Date _____ End Date _____

Area of work (Tax, Audit, Energy, etc.) _____

Please provide your assessment of the student's performance during his/her internship by responding to the following questions. (Circle the appropriate number)

1. Academic preparation for internship experience:

<i>Excellent</i>		<i>Average</i>		<i>Poor</i>
1	2	3	4	5

2. Motivation and attitude:

<i>Excellent</i>		<i>Average</i>		<i>Poor</i>
1	2	3	4	5

3. Interpersonal skills:

<i>Excellent</i>		<i>Average</i>		<i>Poor</i>
1	2	3	4	5

4. Oral communication skills:

<i>Excellent</i>		<i>Average</i>		<i>Poor</i>
1	2	3	4	5

5. Written communication skills:

<i>Excellent</i>		<i>Average</i>		<i>Poor</i>
1	2	3	4	5

Areas of strength: (Use additional pages as necessary)

Areas of weakness: (Use additional pages as necessary)

Signature

Title

Date

Please return form to:

Tyra Musoma
Senior Advisor
Department of Accounting
tmusoma@mays.tamu.edu