



Internship Evaluation Form

Notice to Students & Employers:

- This form is to be completed by the students **SUPERVISOR** when the student has completed their required amount of hours at the end of each term.
- Evaluations will only be accepted from **Approved Internship Sites**.
- Forms must be **fully** completed or will be invalid.
- Forms must be turned in **one week** before the end of each semester.
- Please attach **Time Card Tracker Sheet** with each Internship Evaluation Form

StudentName: _____

Completed: _____ **Internship Hours.** **Major:** _____
(Exact number)

These Hours were from: _____ **to** _____
(Date Started) (Date Ended)

Semester (Please Circle a letter and number) (*Sophomore / Junior / Senior* *1 / 2 / 3*)

Students Job Title: _____

Supervisor Printed Name: _____

Supervisor's Title: _____

Establishment's Name: _____

Telephone Number: _____

Supervisor's Signature: _____ **Today's Date:** _____

Ratings:

1 = Improvement Needed

2 = Average

3 = Above Average

Ability to perform job duties	1	2	3
Accepts instructions & criticism from supervisors	1	2	3
Arrives on time	1	2	3
Asks Appropriate Questions	1	2	3
Knife Skills (if applicable)	1	2	3
Knowledge of professional vocabulary	1	2	3
Maintains dress code and proper grooming	1	2	3
Organization and cleanliness in workspace	1	2	3
Seeks out new learning experiences	1	2	3
Works well with other staff members	1	2	3

Career Success Office

The Restaurant School at Walnut Hill College
4207 Walnut Street Philadelphia Pa 19104
careeroffice@walnuthillcollege.edu
(267)295-2306



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List Examples of Student's Strengths:

- A. _____
- B. _____
- C. _____
- D. _____

List examples of the next learning step(s) for the student or where improvement is needed:

- A. _____
- B. _____
- C. _____
- D. _____

Additional Comments:

Thank you for your feedback.

Your impressions regarding the professional development of our students are important to the college and help us to shape and adjust our curriculum.

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