

Missouri Western State University
Steven L. Craig School of Business

SUPERVISOR'S INTERNSHIP EVALUATION FORM

This form, **to be completed by the intern's on-site supervisor**, is meant to provide constructive feedback to the student and course instructor about the student's relative strengths and weaknesses as demonstrated in the internship.

Student Name: _____ **Semester(s) of Internship:** _____

Sponsoring Organization: _____ **Organization Supervisor:** _____

The supervisor should evaluate the intern as objectively as possible by circling the number in each range that best describes the intern's performance for that characteristic. If the quality in question is irrelevant to the work the student has been performing, please circle "N/A" (not applicable).

Attitude	Excellent	5	4	3	2	1	Poor	N/A
Dependability	Excellent	5	4	3	2	1	Poor	N/A
Ability to Learn	Excellent	5	4	3	2	1	Poor	N/A
Skills and Accuracy in Work	Excellent	5	4	3	2	1	Poor	N/A
Quality of Work	Excellent	5	4	3	2	1	Poor	N/A
Relations with Others	Excellent	5	4	3	2	1	Poor	N/A
Initiative	Excellent	5	4	3	2	1	Poor	N/A
Communication Skills – Written	Excellent	5	4	3	2	1	Poor	N/A
Communication Skills – Oral	Excellent	5	4	3	2	1	Poor	N/A
Organizational Skills	Excellent	5	4	3	2	1	Poor	N/A
Attendance	Excellent	5	4	3	2	1	Poor	N/A
Punctuality	Excellent	5	4	3	2	1	Poor	N/A
Flexibility	Excellent	5	4	3	2	1	Poor	N/A
Observance of Rules, Policies and Procedures	Excellent	5	4	3	2	1	Poor	N/A
Leadership	Excellent	5	4	3	2	1	Poor	N/A
Creativity	Excellent	5	4	3	2	1	Poor	N/A

Missouri Western State University
Steven L. Craig School of Business

Responsiveness to Criticism	Excellent	5	4	3	2	1	Poor	N/A
Other Skills Unique to Position								
1.	Excellent	5	4	3	2	1	Poor	N/A
2.	Excellent	5	4	3	2	1	Poor	N/A
3.	Excellent	5	4	3	2	1	Poor	N/A

What are the student's outstanding STRENGTHS? _____

In what areas does the student need IMPROVEMENT? _____

How often did you provide feedback to the intern about his/her work?

Weekly _____ Monthly _____ 1-2 times _____ Never _____

Verification that student has worked a minimum of _____ hours per week at this internship.

Has this report been discussed with the intern? Yes _____ No _____

We would consider hiring this intern for new or vacant positions in the organization. Yes _____ No _____

Comments: _____

Organization Supervisor's Signature

Date

Student's Signature (if jointly completed)

Date

*Please return to the student or mail to:
Christi Waggoner, Internship Coordinator
Missouri Western State University
4525 Downs Drive - Popplewell Hall 306
Saint Joseph, Missouri 64507