

Internship Feedback Form Employer

Intern Information

- Intern Name: _____
- Internship Position: _____
- Department: _____
- Supervisor's Name: _____
- Internship Period: _____

Performance Evaluation

Criteria	Excellent	Good	Fair	Poor	Comments
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Performance

- Overall Rating: Excellent Good Fair Poor

- **Comments:** _____

Additional Feedback

- **Strengths:** _____
- **Areas for Improvement:** _____
- **Recommendations for Future Internships:**

Supervisor's Signature

- **Signature:** _____
- **Date:** _____