

# Internship Feedback Form Template

---

## Intern Information

- Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- Department: \_\_\_\_\_
- Supervisor: \_\_\_\_\_
- Internship Period: \_\_\_\_\_

## Evaluation Criteria

Evaluation Criteria	Excellent	Good	Fair	Poor	Additional Notes
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<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"/>	
Team Collaboration	<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 Assessment

- Overall Performance:  Excellent  Good  Fair  Poor
- Comments: \_\_\_\_\_

### Detailed Feedback

- Strengths: \_\_\_\_\_
- Areas for Improvement: \_\_\_\_\_
- Recommendations for Future Opportunities:  
\_\_\_\_\_

### Supervisor's Signature

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_