

Internship Feedback Form for Students

Student Intern Information

- Name: _____
- Internship Title: _____
- Department: _____
- Supervisor: _____
- Internship Dates: _____

Performance Evaluation

Evaluation Area	Excellent	Good	Fair	Poor	Supervisor's Comments
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledge and 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"/>	
Attendance and Punctuality	<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 Feedback

- Overall Rating: Excellent Good Fair Poor
- General Comments: _____

Specific Feedback

- Strengths: _____
- Areas for Growth: _____
- Suggestions for Future Improvement: _____

Supervisor's Signature

- Signature: _____
- Date: _____