

Sample Internship Feedback Form Employer


Intern Details

- Intern Name: _____
- Internship Role: _____
- Department: _____
- Supervisor's Name: _____
- Internship Duration: _____

Performance Review

Performance Aspect	Excellent	Good	Fair	Poor	Remarks
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Knowledge	<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"/>	
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analytical Skills	<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

- 
- **General Performance:** Excellent Good Fair Poor
 - **Comments:** _____

Final Thoughts

- **Strengths:** _____
- **Areas Needing Improvement:** _____
- **Suggestions for Future Internships:**

Supervisor's Signature

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