

Internship Evaluation Form for College Students

Student and Internship Information

- Student Name: _____
- College/University: _____
- Internship Supervisor: _____
- Internship Duration: From _____ To _____

Skill Assessment

Rate the following skills developed during the internship:

| Skill | Highly Developed <input type="checkbox"/> | Sufficiently Developed <input type="checkbox"/> | Needs Improvement <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|---------------------------|---|---|--|---|
| Analytical Thinking | | | | |
| Research Skills | | | | |
| Professional Writing | | | | |
| Team Collaboration | | | | |
| Leadership and Initiative | | | | |
| Technical Expertise | | | | |
| Project Management | | | | |

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|-------------------------------|--|--|--|--|
| Client Interaction | | | | |
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Feedback and Reflection

- Highlight your key accomplishments during the internship:

- Areas you wish to further develop: _____

- How did this internship align with your career goals?

Approval

- College Advisor's Comments: _____

- Advisor's Signature: _____

- Date: _____