

Internship Evaluation Form for Employer

Employer Information

- Company Name: _____
- Supervisor's Name: _____
- Position: _____
- Contact Email: _____

Intern Information

- Intern's Name: _____
- Internship Role: _____
- Internship Period: From _____ To _____

Performance Evaluation

Please rate the intern's performance in the following areas:

Criteria	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Needs Improvement <input type="checkbox"/>
Punctuality and Attendance				
Quality of Work				
Communication Skills				
Team Collaboration				
Adaptability to Tasks				
Initiative and Proactivity				

Time Management				
Problem-Solving Skills				

Overall Evaluation

- **Strengths:** _____
- **Areas for Improvement:** _____
- **Would you recommend this intern for a full-time position?** **Yes** **No**
- **Supervisor's Signature:** _____
- **Date:** _____