**Internship Program Review Form**

**Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Internship Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Table:**

| **Criteria** | **Excellent** | **Good** | **Needs Improvement** | **Not Applicable** |
| --- | --- | --- | --- | --- |
| **Job Knowledge** | **☐** | **☐** | **☐** | **☐** |
| **Time Management** | **☐** | **☐** | **☐** | **☐** |
| **Adaptability** | **☐** | **☐** | **☐** | **☐** |
| **Team Collaboration** | **☐** | **☐** | **☐** | **☐** |
| **Leadership Potential** | **☐** | **☐** | **☐** | **☐** |
| **Initiative** | **☐** | **☐** | **☐** | **☐** |
| **Reliability** | **☐** | **☐** | **☐** | **☐** |
| **Overall Performance** | **☐** | **☐** | **☐** | **☐** |

**Additional Feedback:**

**Would you recommend the internship program to future interns?
☐ Yes
☐ No**

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**