**Internship Review Form for Employer**

**Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Internship Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Internship End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Performance Evaluation:**

1. **Quality of Work:  
   ☐ Excellent  
   ☐ Good  
   ☐ Average  
   ☐ Needs Improvement**
2. **Communication Skills:  
   ☐ Excellent  
   ☐ Good  
   ☐ Average  
   ☐ Needs Improvement**
3. **Problem-Solving Ability:  
   ☐ Excellent  
   ☐ Good  
   ☐ Average  
   ☐ Needs Improvement**

**Key Contributions During Internship:**

**Areas for Improvement:**

**Would you recommend this intern for future opportunities within the organization?  
☐ Yes  
☐ No**

**Supervisor Comments:**

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