**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**