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