

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: _____