

# Employer Evaluation of Student Internship

Intern's Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name (please print) \_\_\_\_\_

Organization \_\_\_\_\_

*Site Supervisor – please complete this form at the conclusion of the internship and return it to SUNY Poly Career Services, 100 Seymour Road, Utica, NY 13502 or email to [careerservices@sunypoly.edu](mailto:careerservices@sunypoly.edu). Please review the evaluation with your student intern for their professional and personal development.*

<b>Comprehension &amp; Communication</b>	Excellent	Good	Average	Fair	Poor	N/A
Listens to and understands assignments						
Asks appropriate questions/seek clarification						
Effective written and oral communication						
Works well as a team player and with others						
<b>Attitude/Work Habits</b>						
Asks questions and accepts constructive criticism						
Adaptable and flexible						
Punctual and reliable						
Shows initiative						
Proper appearance and etiquette						
Enthusiastic/eager to learn						
<b>Performance</b>						
Manages time/meets deadlines						
Demonstrates skills necessary to complete assignments						
Accepts responsibility for assignments						
Uses academic knowledge and skills						

Describe the assignments, projects, and tasks of the intern.

What are the intern's strengths?

Please provide additional comments about the intern's performance or the internship experience.

Overall performance of intern: Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Fair \_\_\_ Poor \_\_\_

Supervisor's Signature \_\_\_\_\_

Date of Evaluation \_\_\_\_\_