

Internship Coordinator Evaluation

If this is a multi-quarter internship, a separate copy of this form should be completed for each quarter.

Student Information

Name of Intern: _____

Student ID: _____

Internship Site Information

Name of Employer: _____

Employer Address: _____

City: _____

State: _____

Zip: _____

Supervisor's Name: _____

Evaluation

- | | | |
|-----------------------|---------------------------------------|---|
| Learning Log | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Not Satisfactory |
| Formal Paper | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Not Satisfactory |
| Resume | <input type="checkbox"/> Complete | <input type="checkbox"/> Not Complete |
| Intern Evaluation | <input type="checkbox"/> Complete | <input type="checkbox"/> Not Complete |
| Supervisor Evaluation | <input type="checkbox"/> Complete | <input type="checkbox"/> Not Complete |
| Final Grade | <input type="checkbox"/> Credit | <input type="checkbox"/> No Credit |

Internship Year:

Quarter	Fall	Winter	Spring	Summer
Credits				

Comments:

 Internship Coordinator Name

 Internship Coordinator Signature

 Date