

Student Internship Evaluation

Intern Name:	
Organization:	
Internship title:	
Supervisor:	
Quarter:	Year:

1. How did the internship meet your educational and career goals?

2. In what ways did the internship not meet your expectations?

3. Describe the primary skills that you developed during this internship.

Intern Signature _____

Date _____

Supervisor Internship Evaluation (1/2)

Supervisor's Name:	
Supervisor's email :	
Organization:	Supervisor's phone number:
Intern's Name:	
Internship Title:	
Average hours work per week by intern:	

Please appraise the student in terms of completing the learning objections of the internship. Other items to address could include technical competence, quality of work, timeliness, written and oral communication skills, working relationships, ability to follow through, individual initiative, and/or application of theory to practice.

Supervisor Internship Evaluation (2/2)

The Milgard School of Business curriculum is based on nine learning outcomes. Please rate the intern’s knowledge in the following areas.

Skills	Excellent	Good	Fair	Poor	N/A
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any low scores on the above learning outcomes.

 Worksite Supervisor Signature
 (electronic signature accepted)

 Date

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