



# JACKSONVILLE UNIVERSITY

## INTERNSHIP EVALUATION FORM

This evaluation is designed primarily to provide feedback on job performance and related issues to assist the student. This form is to be completed and submitted at the end of the semester.

SUPERVISOR INFORMATION	
NAME:	JOB TITLE:
ORGANIZATION'S NAME:	PHONE NUMBER:
EMAIL ADDRESS:	

INTERNSHIP INFORMATION	
STUDENTS NAME:	
STARTING DATE (DD/MM/YYYY):	COMPLETION DATE (DD/MM/YYYY):

ABOUT THE INTERN						
Please evaluate this student intern on the following items by checking the appropriate rating.	Excellent	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
Behaved in a professional manner						
Effectively performed assignments						
Oral communication skills						
Written communication skills						
Computer Skills						
Ability to work with others						

Ability to adapt to a variety of tasks						
Decision-making, setting priorities						
Reliability and dependability						
Attention to accuracy and details						
Willingness to ask for help and guidance						
Quality of work						
Demonstrated critical thinking and problem solving skills						
Making and meeting deadlines						
Seemed interested and in and enthusiastic about the internship experience						

**Describe the ways in which the intern's performance benefited your organization.**

**What development have you observed in the student's skills, knowledge, personal and/or professional performance?**

**What do you consider to be the intern's strengths?**

**In what areas does the intern need to improve?**

Overall, how do you rate your experience with this intern?

**Excellent**

**Good**

**Average**

**Poor**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Printed Name: \_\_\_\_\_