

Internship Evaluation Form

General Form

The top part is to be filled out by the graduate student intern and presented to the supervisor at the internship site.

Name of Intern _____ Student ID# _____

Permanent Address _____

Home Phone # _____ School Phone # _____

Year of Graduate Study _____ Proposed Graduation Date _____

Career Goal(s) _____

This part is to be completed by supervisor of the intern and returned directly to: Director, Center for International Studies, 503 Lampasas Hall, Texas State University-San Marcos, 601 University Drive, San Marcos, TX 78666

Name of supervisor/evaluator _____

Signature of supervisor/evaluator _____

Position of evaluator in agency or company _____

Name of agency or company _____

Address of agency or company _____

Phone # of evaluator and agency or company _____

Fax # of evaluator and agency or company _____

Please indicate your approximate opinion of the intern's mastery of skills/abilities/technologies listed below by checking the appropriate box.

SKILL/ABILITY	SUPERIOR	EXCELLENT	AVERAGE	FAIR	POOR	N/A
Accounting Skills						
Adaptability						
Computer Skills						
Initiative						
Integrity						
Interpersonal Skills						
Management Potential						
Office Systems						
Organizational Skills						
Problem Solving						
Telephone Skill/Etiquette						
Verbal/Language Skills						
Work Ethic						
Writing Skills						

Work schedule of intern: _____

Description of Intern's assignments: _____

What specific skills has the intern learned? _____

Intern's effectiveness in completing assignments: _____

Intern's strengths: _____

Did the intern finish assignments in a timely manner? _____

Was the intern punctual? _____

Would you hire this intern if you had an opening? _____

Would you recommend this intern to another business for employment? _____

Other comments on intern's abilities: _____

