



**STUDENT INTERN EVALUATION FORM**

Intern Name: \_\_\_\_\_ Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Name and Title of Student Supervisor: \_\_\_\_\_

Briefly describe the training provided for the student during the internship:

Did the intern perform the duties assigned according to expectations? \_\_\_\_\_

Was the quality and quantity of work satisfactory? \_\_\_\_\_

Did the intern exhibit a professional demeanor? \_\_\_\_\_

Comments:

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_