Greensboro College Internship Program Evaluation of Student Intern Completed by Site Supervisor

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| **SUPERVISOR INFORMATION** | |
| **NAME:** | **TODAY’S DATE:** |
| **ORGANIZATION’S NAME:** | **JOB TITLE:** |
| **EMAIL ADDRESS:** | **PHONE NUMBER:** |
| **INTERNSHIP INFORMATION** | |
| **STUDENT’S NAME:** | |
| **STARTING DATE (MM/DD/YYYY):** | **COMPLETION DATE (MM/DD/YYYY):** |

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| **ABOUT THE INTERN** | | | | | | | |
|  | Excellent | Very Good | Satisfactory | Needs Improvement | Unsatisfactory | Not Applicable | |
| Arrived to work on time |  |  |  |  |  | |  |
| Behaved in a professional manner |  |  |  |  |  | |  |
| Effectively performed assignments |  |  |  |  |  | |  |
| Oral communication skills |  |  |  |  |  | |  |
| Written communication skills |  |  |  |  |  | |  |
| Computer skills |  |  |  |  |  | |  |
| Intern demonstrated good leadership potential. |  |  |  |  |  | |  |
| 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 in and enthusiastic about the internship experience |  |  |  |  |  | |  |
| Presented an appropriately dressed appearance |  |  |  |  |  | |  |
| Had a good knowledge of the related subject matter from his/her college education |  |  |  |  |  | |  |
| Capacity and willingness to learn specific job skills |  |  |  |  |  | |  |
| Ability to work with others. Polite, friendly and cooperative when approached by others |  |  |  |  |  | |  |

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|  | What do you consider to be the intern’s greatest strengths? |
|  | In what areas does the intern need to improve? |
|  | Would you hire this intern for a paid position if the situation were that you could? |

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| **ABOUT THE INTERNSHIP EXPERIENCE** | | | | | |
|  | Based on your experience, would you supervise another Greensboro College intern? | | | | |
|  | Do you have any suggestions or comments about your experience hosting a Greensboro College intern? | | | | |
|  | Overall, how do you rate your experience with **this internship?** | Excellent | Good | Average | Poor |

Thank you for hosting a Greensboro College student intern and for completing this evaluation. Your input will be considered by this student’s Faculty Supervisor as s/he is determining the student’s grade for this experience. After completing the evaluation with your student intern, please have the student sign after you have signed and dated below and return to the student so that they may turn it in to their Faculty Supervisor.

If you have any questions, comments, or concerns, please do not hesitate to contact Caryn J Atwater, Director, Office of Career and Personal Development at [caryn.atwater@greensboro.edu](mailto:caryn.atwater@greensboro.edu).

Signature Date

Student’s signature Date