

SUPERVISOR INTERNSHIP EVALUATION

(Completed by the employer)

Name of Intern: _____

Name of Supervisor: _____ Phone: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Internship Start Date: _____ Internship End Date: _____

Immediate Supervisor: Please evaluate student (s) in the following areas, using the scale below. Feel free to write additional comments on the back of the page.

(4) Excellent (3) Above Average (2) Average (1) Below Average N/A (Does not apply)

Demonstrates initiative & resourcefulness	___	Willingness to learn	_____
Possesses the technical skills required	___	Ability to work with others	_____
Recognizes problems & develops solutions	___	Level of professionalism	_____
Uses good judgment & establishes priorities	___	Ability to communicate in writing	_____
Met goals set at beginning of internship	___	Ability to communicate verbally	_____
		Attendance/punctuality	_____

What are the student's strongest assets?

What qualities and characteristics should the student especially strive to improve?

If you had a position available, would you hire this student? _____ Yes _____ No
(If you answered no, please provide an explanation)

Has the evaluation been discussed with the student? _____ Yes _____ No

If this evaluation has not been discussed with the student, may McHenry County College staff review with the student?
_____ Yes _____ No

Supervisor's Signature, Title Date

Please mail or fax to: Career Service Department
McHenry County College
8900 US Highway 14, A257H
Crystal Lake, IL 60012