

# WGST Internship/ Co-op Programs

## Employer Evaluation of Intern

Thank you for taking the time to complete this important form. Please share this evaluation with the student. Because the evaluation is an essential factor in the student's grade for the internship course, it should be mailed at least two weeks before the end of the semester. **It is important that both the supervisor AND the student sign this evaluation form.**

*Please send this form to the student's faculty advisor.  
Include both pages of this form when faxing.*

Student Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Term: \_\_\_\_\_

**Assess the student's performance by circling the numbers, according to the scale indicated, and explain your ratings.**

|   | Exceptional | Greater Than<br>Required Level | Meets<br>Expectations | Below<br>Expectations |
|---|-------------|--------------------------------|-----------------------|-----------------------|
| Effectiveness in<br>completing tasks:     | 1           | 2                              | 3                     | 4                     |
| Why? _____                                |             |                                |                       |                       |
| Ability to solve<br>problems effectively: | 1           | 2                              | 3                     | 4                     |
| Why? _____                                |             |                                |                       |                       |
| Writing ability:                          | 1           | 2                              | 3                     | 4                     |
| Why? _____                                |             |                                |                       |                       |
| Verbal communication:                     | 1           | 2                              | 3                     | 4                     |
| Why? _____                                |             |                                |                       |                       |
| Understanding of<br>organizational goals: | 1           | 2                              | 3                     | 4                     |
| Why? _____                                |             |                                |                       |                       |
| Quality of contribution<br>made:          | 1           | 2                              | 3                     | 4                     |
| Why? _____                                |             |                                |                       |                       |

Dependability:                    1                    2                    3                    4

Why? \_\_\_\_\_

Motivation:                    1                    2                    3                    4

Why? \_\_\_\_\_

Working with others:            1                    2                    3                    4

Why? \_\_\_\_\_

Resourcefulness:                1                    2                    3                    4

Why? \_\_\_\_\_

Effectiveness Working  
in Teams:                    1                    2                    3                    4

Why? \_\_\_\_\_

**Main strengths:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for improvement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_