

# INDD 397 | Internship Evaluation Form

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

Academic Level:

- Undergraduate     Graduate

Company Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Internship Period (*example: Summer 2017*): \_\_\_\_\_

Did the intern work at least 192 hours?

- Yes     No

Description of Duties/Projects: \_\_\_\_\_

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Evaluate the intern's willingness in performing assigned tasks.

- Deficient     Fair     Good     Excellent

Was the intern a help to the office?

- Yes     No

Thoroughness of intern's work (attention to detail and accuracy),  
and efforts in the office.

- Deficient     Fair     Good     Excellent

Intern's general attitude:

- Deficient     Fair     Good     Excellent

**Intern's communications; expressing their thoughts and understanding the thoughts of others.**

- Deficient    Fair    Good    Excellent

**Intern's professional curiosity in asking questions about office techniques and procedures.**

- Deficient    Fair    Good    Excellent

**Ability of intern to take on assigned responsibilities to the best of intern's capability.**

- Deficient    Fair    Good    Excellent

**Evaluate the intern's development and progress in technical skills.**

- Deficient    Fair    Good    Excellent

**Evaluation of intern's overall performance.**

- Deficient    Fair    Good    Excellent

**Would you consider hiring more students from this program?**

- Yes    No

**Additional Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_