



INTERNSHIP/FIELD EXPERIENCE EVALUATION

Evaluation of Student Internship Placement:

This form must be completed by the internship supervisor after the student intern completes his/her internship/field experience, and returned to the internship/field experience course instructor.

Student Name: _____ Semester: _____

Supervisor Location Name: _____

Supervisor Name: _____ Title: _____

Email: _____ Date: _____

This evaluation is intended to provide you with an opportunity to evaluate your intern's performance this semester. We believe that our internship/field experience supervisors provide us with valuable sources of ideas for program improvement and would appreciate your candid responses to the following questions.

Please return this signed form in a sealed envelope or via email as a Word document to:

Name of Internship Course Instructor: _____

One College Hill Rd, Newton, NJ 07860

Email: _____

Phone: _____

Intern/Field Experience Evaluation:

1. Please outline a brief evaluation of the intern's work product and activities:

2. Please enter a qualifying number appropriate to the intern. Otherwise enter N/A.

Evaluation	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	Not Observed
Attitude and enthusiasm						
Ability to learn and understand						
Dependability						
Quality of work						
Quantity of work output						
Judgement and maturity						
Attendance						
Punctuality						
Knowledge of concepts						
Knowledge of software, if applicable						
Knowledge of equipment/tools, if applicable						
Overall internship performance						

3. The student's strengths are:

4. The area(s) in which the student should strive to improve:

5. This report has been discussed with the student: YES_____ or NO_____

6. Thank you for your contribution to the student's experience. Do you have any suggestions for the internship/field experience program?

Name: _____ Signature: _____

Location: _____ Title: _____

Email: _____