INTERNSHIP EVALUATION

Date				
Student's name				
Agency name				
Address				
Phone number				
Supervisor's name				
Signature				
Internship information				
Work habits: Please rate the intern's performance of	n the follo	owing scale (plea	ise check).	
	Never	Occasionally	Usually	Always
Has the student attend work regularly?				
Is the student punctual?				
Does the student complete the assignments?				
Does the student complete the assignments?				
Have you encountered any problems with the student? (If so, please note on page 3.)				
2. What is the student's job description? (Please include	de assignm	ents and respons	ibilities.)	

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3.	In you	r opinion, how well has the student discharged the responsibilities of the internship?				
4.	Future	internships.				
	a.	Would you be willing to write a recommendation for this student for a similar job after graduation? \square Yes \square No				
		If no, why not?				
	b.	Would you be willing to continue this student's internship for another semester if the position is available? \square Yes \square No				
		If no, why not?				
	c.	Would you be willing to provide internship opportunities for other WSU students? Yes No				
		If no, why not?				

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5.	Do you have any suggestions for improving the internship program? (Please note any additional son training that may prove beneficial.)	skills
Other	comments and feedback about the student:	

Please send the completed form to:

Brad Roth, Undergraduate advisor
Wayne State University
656 W. Kirby St., 2040 FAB, Detroit, MI 48202
313-577-2630, brad.roth@wayne.edu