

Employer Evaluation of CpE Internship Student

Student's Name: _____ **Work Period:** _____ **Fall** ___ **Spring** ___ **Summer** ___ **Year** _____

Major: _____ **Employer:** _____ **Location:** _____

INSTRUCTIONS: The immediate supervisor will evaluate the student objectively, comparing him/her with other students of comparable academic level, with other personnel assigned the same or similarly classified jobs, or with individual standards.

RELATIONS WITH OTHERS

- Exceptionally well accepted
- Works well with others
- Gets along satisfactorily
- Has some difficulty working with others
- Works poorly with others

ATTITUDE - APPLICATION TO WORK

- Outstanding in enthusiasm
- Very interested and industrious
- Average in diligence and interest
- Somewhat indifferent
- Definitely not interested

ABILITY TO LEARN

- Learns quickly
- Learns readily
- Average in learning
- Rather slow to learn
- Very slow to learn

JUDGEMENT

- Exceptionally mature
- Above average in making decisions
- Usually makes the right decision
- Often uses poor judgement
- Consistently uses bad judgement

DEPENDABILITY

- Completely dependable
- Above average in dependability
- Usually dependable
- Sometimes neglectful or careless
- Unreliable

QUALITY OF WORK

- Excellent
- Very good
- Average
- Below average
- Very poor

ABILITY TO COMMUNICATE

WRITTEN

- Clear, concise
- Usually satisfactory
- Understandable
- Needs improvement

ORAL

- Clear, concise
- Usually satisfactory
- Understandable
- Lacks ability

ATTENDANCE: Regular Irregular

PUNCTUALITY: Regular Irregular

OVERALL PERFORMANCE

- OUTSTANDING VERY GOOD AVERAGE MARGINAL UNSATISFACTORY

What traits may help or hinder the student's advancement? (Use back side of paper if necessary)

Remarks about the benefits of having an Intern: (Use back side of paper if necessary)

This evaluation has been discussed with student: ___Yes ___No **The student may use this evaluation as a reference** ___Yes ___No

Supervisor's Printed Name: _____ Title: _____ Phone: _____

Supervisor's Signature: _____ Email: _____

CpE 195 Internship - Student Evaluation Form

(To be completed by student at the end of the semester.)

Work Period: Fall Spring Summer _____ Year Full-Time Internship Part-Time Internship

Name: _____

Student ID# : _____

Email Address: _____

Phone: _____

Employer: _____ Address: _____

Immediate Supervisor: _____ Email: _____

Supervisor's Phone: _____ Date Internship Started: _____ Date Ended: _____

Please type the questions and answers on a separate sheet of paper

What were your Internship duties? (Describe all basic duties)

What did you learn from this experience?

What did you like best about your Internship experience?

What did you like least about your Internship experience?

In what ways could you Internship employer have made your Internship experience more successful?

After careful consideration, do you feel that this experience had educational/training value? Yes No
Why or why not?

Given the opportunity, would you apply for another Internship? Yes No
Explain.

What would you tell other students about your Internship experience?

Do you have any suggestions for improvements/ changes to the Internship Program?

Do you have any other comments?

In your opinion, has this experience opened up future employment possibilities for you? Yes No

Have you been asked to continue working in a current student position for another semester/period of time?

Yes No If yes: _____ part time _____ full time

If yes, please describe.

Has your Internship employer offered you full-time employment upon graduation? Yes No

If you answered "yes," please provide the following information:

Job Title: _____ Salary/month: _____ Location: _____

Supervisor's Name: _____ Email: _____ Phone: (____) _____