

Experience Provider Evaluation of Intern

Intern Name: _____

Supervisor: _____

	Poor	Below Average	Average	Above Average	Excellent	Comments
Competence in the Job						
Decision-making skills	1	2	3	4	5	
Organizational skills	1	2	3	4	5	
Knowledge	1	2	3	4	5	
Productivity	1	2	3	4	5	
Initiative	1	2	3	4	5	
Creativity	1	2	3	4	5	
Verbal Communication	1	2	3	4	5	
Written Communication	1	2	3	4	5	
Professionalism						
Personal Appearance	1	2	3	4	5	
Attitude	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Dependability	1	2	3	4	5	
Confidentiality	1	2	3	4	5	
Adaptability	1	2	3	4	5	
Interpersonal Relations						
Client Relations	1	2	3	4	5	
Staff Relations	1	2	3	4	5	
Empathy	1	2	3	4	5	
Cooperation	1	2	3	4	5	
Friendliness	1	2	3	4	5	
Personal Attributes						
Enthusiasm	1	2	3	4	5	
Persistence	1	2	3	4	5	
Assertiveness	1	2	3	4	5	
Emotional Stability	1	2	3	4	5	
Motivation	1	2	3	4	5	

Intern's Strengths:

Intern's Weaknesses and Suggestions for Improvement:

Noteworthy Observations of Intern's Performance:

Supervisor's Signature

Date

Experience Provider Evaluation of Intern

Intern Name: _____

Supervisor: _____

	Poor	Below Average	Average	Above Average	Excellent	Comments
Followed directions	1	2	3	4	5	
Punctual	1	2	3	4	5	
Self-motivated	1	2	3	4	5	
Initiated follow-through	1	2	3	4	5	
Dressed appropriately	1	2	3	4	5	
Written communication	1	2	3	4	5	
Work was accurate	1	2	3	4	5	
Flexible	1	2	3	4	5	
Able to confront problems	1	2	3	4	5	
Interpersonal skills	1	2	3	4	5	
Achieved objectives	1	2	3	4	5	
Overall rating	1	2	3	4	5	

Please comment on the overall performance of the Intern in reference to the Initial Job Performance objectives which were established at the beginning of the internship.

Company Name: _____

Address: _____

Phone: _____

Would you like another intern? _____ Yes _____ Not at this time

Supervisor's Signature

Date