

End of Internship Evaluation Form

Student Name: _____

Internship Position/Department: _____

Internship Period: _____

Supervisor Name: _____

Performance Evaluation

Criteria	Excellent	Good	Average	Needs Improvement	Comments
Quality of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Punctuality & Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Strengths

Areas for Improvement

Comments on Overall Performance

Student's Comments/Feedback

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____