

**Intern Evaluation Form**

This intern evaluation form must be completed by the intern’s employer/sponsor upon completion of the internship. Course credit cannot be given until this form is completed and returned to the CSU internship coordinator.

Intern name: \_\_\_\_\_

Internship Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor’s phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please evaluate the following characteristics for the above-named student intern:**

*Rating Scale: 5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Unsatisfactory*

<b>Characteristic</b>	<b>Rating</b>
Willingness to learn	
Relationships with others	
Ability to perform without supervision	
Willingness to receive guidance	
Technical competence	
Reliability	
Enthusiasm	
Overall performance	

Approximately how many hours did this intern work during the internship? \_\_\_\_\_

**Please comment on the intern’s performance:**

*Supervisor’s signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_