

Student Internship Evaluation Form

Student Name

Internship Position

Department/Organization

Internship Period

Supervisor Name

Date of Evaluation

Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Punctuality & Attendance	<input type="text"/>	<input type="text"/>
Communication Skills	<input type="text"/>	<input type="text"/>
Problem Solving	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Comments