

Internship Evaluation Form

Intern Name

Department

Supervisor Name

Period of Internship

Date

Performance Evaluation

Quality of Work

☐

1

☐

2

☐

3

☐

4

☐

5

Attendance & Punctuality

☐

1

☐

2

☐

3

☐

4

☐

5

Initiative & Motivation

☐

1

☐

2

☐

- 3
- 4
- 5

Communication Skills

- 1
- 2
- 3
- 4
- 5

Teamwork

- 1
- 2
- 3
- 4
- 5

Comments

Strengths

Areas for Improvement

Additional Comments