



**Middle Georgia
State University**

SCHOOL OF BUSINESS

INTERNSHIP SELF EVALUATION FORM

This evaluation is designed primarily to provide feedback on job performance and related issues to assist the student. This form is to be completed and submitted at the end of the semester.

SUPERVISOR INFORMATION						
NAME:			JOB TITLE:			
ORGANIZATION'S NAME:			PHONE NUMBER:			
EMAIL ADDRESS:			STUDENT ID#:			
INTERNSHIP INFORMATION						
STUDENT'S NAME:						
STARTING DATE (DD/MM/YYYY):			COMPLETION DATE (DD/MM/YYYY):			
ABOUT THE INTERN						
1. Please evaluate this student intern on the following items by checking the appropriate rating.	Excellent	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
Arrived to work on-time						
Behaved in a professional manner						
Effectively performed assignments						
Oral communication skills						
Written communication skills						
Computer Skills						
Ability to work with others						
Ability to adapt to a variety of tasks						
Decision-making, setting priorities						
Reliability and dependability						
Attention to accuracy and details						

Willingness to ask for help and guidance							
Quality of work							
Demonstrated critical thinking and problem solving skills							
Making and meeting deadlines							
Seemed interested and in and enthusiastic about the internship experience							

2.	Describe the ways in which the intern's performance benefited your organization.				
3.	What development have you observed in the student's skills, knowledge, personal and/or professional performance?				
4.	What do you consider to be the intern's strengths?				
5.	In what areas does the intern need to improve?				
6.	Overall, how do you rate your experience with <u>this intern</u>	Excellent	Good	Average	Poor

ABOUT THE INTERNSHIP EXPERIENCE

1.	What are your suggestions for improving the School of Business' internship program?				
2.	Based on your experience, would you supervise other School of Business' interns or recommend the internship program to others?				
3.	Do you have any other comments that will help the School and our students?				
4.	Overall, how do you rate your experience with <u>this internship?</u>	Excellent	Good	Average	Poor

SUPERVISOR'S SIGNATURE			DATE		
------------------------	--	--	------	--	--