

The Ralph W. Ketner School of Business
Experiential Learning

EMPLOYER EVALUATION FORM

TO BE COMPLETED BY SITE SUPERVISOR UPON COMPLETION OF INTERNSHIP

Intern Site (name of organization, agency, or business): _____

Supervisor: _____ Title: _____

Email: _____ Phone: _____

Address _____

Student's name: _____ Number of Hours Completed _____

Please answer the following questions/statements as accurately and honestly as possible by circling the best number.

5= Strongly agree; outstanding; absolutely 4= More than agree; very good; yes
3= Agree; average; mostly 2= Somewhat agree; marginal; not really 1= Disagree; unsatisfactory;
not at all N/A

- ❖ Student acted in a responsible and professional manner. Was punctual and had satisfactory attendance. 5 4 3 2 1 N/A
- ❖ Student possessed basic organizational and time management skills. 5 4 3 2 1 N/A
- ❖ Student completed assignments efficiently and in a timely manner. 5 4 3 2 1 N/A
- ❖ Student understood assignments and adhered to the learning objectives and project guidelines established at the beginning of the experience. 5 4 3 2 1 N/A
- ❖ Student showed energy and enthusiasm. Took initiative in starting new projects and assignments. 5 4 3 2 1 N/A
- ❖ This student responded well to feedback and suggestions. 5 4 3 2 1 N/A
- ❖ Please briefly describe any skills that you feel were either developed or enhanced, as well as valued, during the experience: _____

- ❖ Describe this student's strengths on the job and their areas needing improvement. _____

- ❖ Hypothetically, if your organization had a position available, would you consider our student for hire? _____
- ❖ I would enjoy supervising/mentoring future business students: 5 4 3 2 1 N/A

Upon completion of this form, please :

- ❖ Fax directly to The Ralph W. Ketner School of Business at 704-637-4422 or
- ❖ Mail via USPS to The Ralph W. Ketner School, C/O Catawba College, 2300 W. Innes Street, Salisbury, NC 28144 or
- ❖ Email a scanned copy to Instructor of Experiential Learning Course