

The Ralph W. Ketner School of Business MGT 4403/ CIS 4403 Experiential Learning

EMPLOYER EVALUATION FORM-TO BE COMPLETED BY SITE SUPERVISOR

SUPERVISOR	INFORMATION
NAME:	TODAY'S DATE:
ORGANIZATION'S NAME:	JOB TITLE:
EMAIL ADDRESS:	PHONE NUMBER:
INTERN INI	FORMATION
STUDENT'S NAME:	
STARTING DATE (MM/DD/YYYY):	COMPLETION DATE (MM/DD/YYYY):

	A	ABOUT THE I	NTERN			
	Excellent	Very Good	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
Maintained a regular schedule, made up missed hours, and was punctual and present						
Behaved in a professional manner						
Effectively performed assignments						
Clearly and efficiently conveyed ideas orally to persons inside and outside the organization						
Communicated ideas clearly in writing in a manner suited to the intended audience						
Took initiative and sought opportunities to contribute						
Demonstrated good leadership potential						
Accepted constructive feedback from others and was able to learn from mistakes						
Decision making, setting priorities						
Reliability and dependability						
Attention to accuracy and details						
Willingness to ask for help and guidance						

eatest strengths that were assets to your organization: https://doi.org/10.1001/10.10
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item 3 success in your neta.
that was an option):
Excellent Good Average Poor
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T THE INTERNSHIP EXPERIENCE
vith this intern?