EMPLOYER EVALUATION OF STUDENT INTERN

Student: __________________________________________ Organization: ______________________________________________________________________________________

Credit ____ Non Credit ________ Faculty Supervisor _______________________________________________________________

Please rate your student intern on the following aspects, using this numeric scale:
(0) No Observation, (1) Poor, (2) Fair, (3) Good, (4) Excellent

A. Ability to Learn
___ Asks pertinent and purposeful questions
___ Seeks out and utilizes appropriate resources
___ Accepts responsibility for mistakes and learns from experiences

B. Listening & Oral Communication Skills
___ Listens to others in an active and attentive manner
___ Effectively participates in meetings or group settings
___ Demonstrates effective verbal communication skills

C. Creative Thinking & Problem Solving Skills
___ Breaks down complex tasks/problems into manageable pieces
___ Brainstorms/develops options and ideas
___ Demonstrates an analytical capacity

D. Professional & Career Development Skills
___ Exhibits self-motivated approach to work
___ Demonstrates ability to set appropriate priorities/goals
___ Exhibits professional behavior and attitude

E. Interpersonal & Teamwork Skills
___ Manages and resolves conflict in an effective manner
___ Supports and contributes to a team atmosphere
___ Demonstrates assertive but appropriate behavior

F. Basic Work Habits
___ Reports to work as scheduled and on time
___ Exhibits a positive and constructive attitude
___ Dress and appearance are appropriate for this organization

G. Open Category: Industry-Specific Skills and/or Skills identified by the College Internship Advisor
Are there any skills or competencies that you feel are important to the profession or career-field (represented by your organization) that have not been previously listed in this evaluation? If so, please list these skills below and assess the intern accordingly.
1. ___ _______________________________________________________________________________________________
2. ___ _______________________________________________________________________________________________
3. ___ _______________________________________________________________________________________________
4. ___ _______________________________________________________________________________________________

H. Comments:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

This assessment was reviewed with the intern on (Month/Day/Year) _____________________________

Evaluator’s Signature: ___________________________ Date: __________________

Title/Position: _______________________________ Telephone: __________ Email: __________

Thank you for providing this learning opportunity for our student.

Please mail or fax this evaluation to:
Albright College
Experiential Learning and Career Development Center / Internship Program
PO Box 15234, Reading, PA 19612-5234
Fax: 610-921-7635 Phone: 610-921-7630 Email: elcdc@alb.edu

For Career Development Center Only
Date received in Center: __________ Date entered in database: _______________
Copies sent to: ___Faculty Supervisor