

Career Services  
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## SUPERVISOR—Evaluation of Student Intern

### Career Experience Program

STUDENT NAME \_\_\_\_\_ POSITION TITLE \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

COMPANY ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STUDENT'S SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

Major Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Internship Period:  Winter: 20\_\_\_\_  Spring/Summer: 20\_\_\_\_  Fall: 20\_\_\_\_

Please rate your Internship on this scale:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
(a) Produced work that was neat					
(b) Exercised initiative and creativity					
(c) Worked well as a team player					
(d) Responded well to supervisor					
(e) Professional in appearance					
(f) Able to apply knowledge of their field of study					
(g) Exhibited a professional work ethic					
(h) Complied with established working hours					
(i) Able to convey information to others					
(j) Managed time well					
(k) Observed company personnel policies					
(l) Able to utilize current techniques to complete tasks					
(m) Student met all expectation for the term					
(n) Overall rating of student's performance was satisfactory					
Would your organization offer employment to this intern if a permanent position was available?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Will this student be returning for another internship experience?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your experience with the Macomb Internship Program been positive?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you suggest any changes or improvements for the internship experience?					
Do I have your permission to discuss this evaluation with the student?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
When would you like to have another intern?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring/Summer	<input type="checkbox"/> Fall
<input type="checkbox"/> Please Call— I have questions					