

CALDWELL UNIVERSITY ACADEMIC INTERNSHIP PROGRAM

SUPERVISOR'S FINAL EVALUATION

Student Name: _____ Date: _____

Name of Organization: _____

Supervisor Name & Title: _____

Email: _____ Phone: _____

Internship dates: From _____ to _____

Please rate the student's performance as a member of your organization:

	Excellent	Very Good	Satisfactory	Fair	Unsatisfactory	N/A
Quality of work						
Attendance and punctuality						
Dresses appropriately for position						
Ability to work independently						
Accepts responsibility						
Shows initiative and interest						
Cooperation with co-workers						
Response to direction or criticism						
Oral communication skills						
Written communication skills						
Problem solving skills						
Knowledge of work/field						
Aptitude for further work in field						
OVERALL EVALUATION						

Comments on student's performance _____

Please check one: _____ I discussed this evaluation with the student.
 _____ I did not discuss this with the student and prefer you do so.

Supervisor's Signature: _____

Thank you. Please scan and return this form to Career Planning & Development via email to careers@caldwell.edu , fax to 973-618-3425 or call us at 973-618-3290 for a link to the online evaluation form.