

ORGANIZATION'S EVALUATION OF INTERN
Dept. of Communication
College of Charleston

Name of student: _____

Internship position: _____

Name of organization: _____

Address: _____

Telephone/e-mail: _____

Period of internship: _____

Hours worked per week: _____

Brief description of internship activity:

Culminating project(s) during internship:

Please check the appropriate column for each item below.

<u>Student's Performance</u>	Exc.	Good	Fair	Poor	N/A
Quality of Work					
Quantity of Work:					
Accuracy					
Dependability					
<u>Student's Attitudes</u>					
Toward Internship					
Toward Organization					
Relations with Co-worker					
Relations with Supervisor					
Reactions to Constructive Criticism					
<u>Student's Abilities</u>					
Initiative Creativity					
Ability to Learn New Tasks					
Ability to Work under Stress					
Organizational Skills					
Communication Skills					
Oral					
Written					

<u>Problem Areas</u>	<u>Serious</u>	<u>Moderate</u>	<u>Minimal</u>	<u>N/A</u>
Inadequate Technical Skills				
Lack of Previous Experience				
Personality Conflicts				
Unauthorized Absences				
Late Arrivals/Early Departures				
Inappropriate Appearance				

How effective was the intern in meeting the needs of your organization?

In what areas did the intern show the most growth?

In what areas did the intern need most to improve?

Comments:

Signed: _____

Department: _____

Date: _____