

Stetson University
SUPERVISOR: INTERNSHIP FINAL EVALUATION

This form should be completed by the student's primary supervisor at the company/organization. Your feedback is an integral part of the student's learning experience and professional development. Please share your feedback with your student intern before returning this form.

Student Intern's Name:

Student Intern's Position Title:

Dates of Internship:

Start Date (MM/YYYY):

End Date (MM/YYYY):

Please rate the student's PERFORMANCE based on the specific areas below:

(Scale: 5=Excellent, 4=Above Average, 3=Average, 2=Below Average, 1=Poor)

Enthusiasm/Willingness to Learn	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Being present/dependable	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Relates Well to Others	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Initiative	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Productivity	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Flexibility/Adaptability	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Problem-solving/Innovative Thinking	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Accepted and applied feedback	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Please review [Definitions and Sample Behaviors](#) for each of the Career Readiness Competencies and rate the student intern's current level of development for each competency listed below:

5=Expert (Others look to student to teach them this skill)

4=Advanced (Student is above average at this skill)

3=Competent (Student does this skill pretty well)

2=Developing (Student is improving in this area)

1=Beginner (Student is just now beginning to acquire this skill)

Career & Self-Development	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Communication	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Critical thinking	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Equity & Inclusion	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Leadership	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Professionalism	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Teamwork	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Technology	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Student's Top 3 Strengths:

- 1.
- 2.
- 3.

Student's Top 3 Improvement Opportunities:

- 1.
- 2.
- 3.

Additional Internship Site Supervisor Comments:

Has this evaluation been discussed with the student?

Yes

No

Supervisor Name:

Supervisor Position Title:

Supervisor E-mail:

Organization/Company Name: