

Career Development Center

Bowie State University

EMPLOYER EVALUATION OF STUDENT INTERN

Student: _____ **Student ID:** _____

Employer: _____

Supervisor: _____ **Supervisor Phone Number:** _____

This evaluation is an important measure of the intern student's personal and professional development. Your objective evaluation can assist the student in developing successful work habits, as well as assist Career Development Center.

Under the provisions of the Family Educational Rights Privacy Act of 1974, each student has an opportunity to examine official documents and records pertaining to him/her, and to request copies of them. It is a preferable that this evaluation be completed jointly, in the presence of the student. Upon completion, please return this evaluation to our office.

1. Briefly describe the duties assigned to the student.
 - A.
 - B.
 - C.
 - D.
2. What strengths did the student demonstrate in this position?
3. What are the student's major professional and developmental needs?

Please rate the student's performance in the following areas:

	Excellent				Poor
Interest and enthusiasm for work	5	4	3	2	1
Ability to perform tasks assigned	5	4	3	2	1
Ability to learn new tasks	5	4	3	2	1
Dependability	5	4	3	2	1
Quality of Work	5	4	3	2	1
Quantity of Work	5	4	3	2	1
Ability to make decisions	5	4	3	2	1
Ability to work well with others	5	4	3	2	1
Ability to work independently	5	4	3	2	1
Attendance	5	4	3	2	1
Punctuality	5	4	3	2	1

4. What have you observed regarding this student's communication skills?

Verbal ability: _____ **Superior** _____ **Effective** _____ **Needs Improvement**

Comments:

Writing ability: _____ **Superior** _____ **Effective** _____ **Needs Improvement**

Comments:

5. What traits have you observed that may help this student's professional advancement?

6. What traits have you observed that may hinder this student's professional advancement?

Overall Performance: _____ **Outstanding** _____ **Very Good** _____ **Average**
 _____ **Marginal** _____ **Unsatisfactory**

Additional Comments:

Comments by Student:

Supervisor's Signature

Date: _____

Student's Signature

Date: _____