

# Entrepreneurial Internship Supervisor Evaluation Form

Name of Internship Site \_\_\_\_\_

Name of Person completing Evaluation \_\_\_\_\_

Student Name \_\_\_\_\_

(5 = A; 4 = B; 3 = C; D = 2; 1 = F)

	Excellent	Good	Average	Below Average	Poor
Creativity	5	4	3	2	1
Grasp of ideas/concepts	5	4	3	2	1
Reliability	5	4	3	2	1
Initiative	5	4	3	2	1
Attitude	5	4	3	2	1
Punctuality	5	4	3	2	1
Accepts responsibility	5	4	3	2	1
Communication Skills	5	4	3	2	1
Overall rating	5	4	3	2	1

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

(flip to other side)

Did you find the student adequately prepared for this internship position?

Yes    No

Please Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be contacted regarding future students working in your organization?

Yes\_\_\_ No\_\_\_

Date of evaluation: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_