

Entrepreneurial Internship Supervisor Evaluation Form – midpoint evaluation

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: _____

(flip to other side)

Please describe the student's duties in the internship. _____

Is the intern meeting your expectations?
Yes No

Please comment as to areas of strength in their performance to
date: _____

3. What are areas where the intern could make improvement? _____

Date of evaluation: _____ Phone: _____ Email:
