

CALDWELL COLLEGE ACADEMIC INTERNSHIP PROGRAM

SUPERVISOR'S FINAL EVALUATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship dates: From \_\_\_\_\_ to \_\_\_\_\_

Please rate the student's performance as a member of your organization:

	Excellent	Very Good	Satisfactory	Fair	Unsatisfactory	N/A
Quality of work						
Attendance and punctuality						
Ability to work independently						
Accepts responsibility						
Shows initiative and interest						
Cooperation with co-workers						
Response to direction or criticism						
Oral communication skills						
Written communication skills						
Problem solving skills						
Knowledge of work/field						
Aptitude for further work in field						
OVERALL EVALUATION						

Comments on student's performance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check one: \_\_\_\_\_ I discussed this evaluation with the student.  
 \_\_\_\_\_ I did not discuss this with the student and prefer you do so.

Supervisor's Signature: \_\_\_\_\_

Thank you. Please return this form to Career Planning & Development via fax at 973-618-3425 or email [careers@caldwell.edu](mailto:careers@caldwell.edu). Call 973-618-3290 with any questions.