FRANKLIN PIERCE UNIVERSITY
Internship Evaluation Form

Intern’s Name ___________________________________________ Date ______________________________________

Firm’s Name __________________________________________ Supervisor ______________________________________

This internship evaluation is to be completed by the student’s site supervisor at the end of the internship. If the student worked in a number of positions under the direction of more than one supervisor, this form should be completed by the individual who had the most contact with the student. More than one evaluation may be completed if necessary.

A. Goals and Objectives
This part of the evaluation form pertains to the goals and objectives developed at the start of the internship. Please make your comments as complete as possible.

1. Were the goals and objectives prescribed for the internship realistic and obtainable? _______________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

2. Did the student strive to accomplish the goals and objectives while employed at this internship position? _______
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

3. In your opinion, did the student fail to meet, meet, or exceed the goals and objectives of this internship position?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

B. On-the-Job Performance:
Evaluate the student’s on-the-job performance using a scale of 1 to 5 as outlined below.
1 = Excellent  
2 = Above Average  
3 = Average  
4 = Fair  
5 = Poor  
N/A = any criteria which does not apply

1. Job Performance:
   a. Comprehend instructions _______
   b. Demonstrated ability to organize and schedule work _______
   c. Took responsibility for tasks assigned/self starter _______
   d. Required minimum supervision once task explained _______
   e. Completed tasks in a satisfactory and timely manner _______
   f. Demonstrated interest and initiative in assignments _______
   g. Accepted criticism and modified behavior when required _______

2. Communication Skills:
   a. Demonstrated good oral communication skills with: _______
      clients _______
      fellow workers _______
      supervisors and management _______
   b. Demonstrated good written communication skills _______
3. Demonstrated the following desirable personal traits:
   a. Mature attitude _______
   b. Reliability _______
   c. Cooperation _______
   d. Appearance and personal habits _______

C. Additional Comments and Observations
   Complete and straightforward comments in answer to the following questions will assist the student in selecting and preparing for a future career. Your careful consideration of these questions is appreciated.

1. Does this intern have the potential to advance in this profession? _______________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

2. Please indicate the strengths you observed in the intern: ________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

3. Please indicate those skills you believe the intern will need to improve for successful entry and advancement in this profession: __________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

4. Recommendations for future development or training: _________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

5. Additional comments you think appropriate but not covered elsewhere on this evaluation: ___________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________

6. If an opening became available in your firm, would you consider this student for a full-time position? ______

7. Did you find the internship program effective? ______________________________________________________

8. Are you willing to continue with this program in the future?____________________________________________

9. Would you be willing to serve as a key contact person for future interns seeking internships? ______________

10. If you answered yes on question 9, please provide your current phone number and email address:
    _______________________________________________________________________________________________

11. If you answered yes on question 9, may we post your name, phone number, and email address to our Internship Intranet Web Page (these pages are only viewed by Franklin Pierce students, faculty, and staff)? Yes____No____

Thank you for your support!

Supervisors’ signature ___________________________ Date _______________

Organization Name _____________________________

Street Address ___________________________ Town/City ___________________________ State _______ Zip _______