

## SUSQUEHANNA UNIVERSITY

Office of the Registrar  
514 University Avenue  
Selinsgrove, PA 17870  
Phone: (570) 372-4110

### EMPLOYER EVALUATION OF INTERN

Student's Name \_\_\_\_\_

Student's Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street
City
State
Zip Code

Are you a Susquehanna University alumna/alumnus? \_\_\_\_\_

Date of Internship: From \_\_\_\_\_ To \_\_\_\_\_

Check the column which best describes the student's performance on the intern assignment. Rate performance from 6 to 1.

Category	Above Average		Average		Below Average	
	6	5	4	3	2	1
1. Quantity of work produced						
2. Quality of work produced						
-Effective in preparing & organizing work						
-Accuracy						
-Thoroughness						
-Writing skills						
-Oral skills						
-Judgment						
-Initiative						
-Information technology skills						
-Leadership skills						
-Quantitative skills						
3. Ability to learn						
4. Work habits:						
-Personal appearance						
-Works well with others						
-Dependable						
-Responsible						
5. Original & creative thinking						

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**Program Evaluation**

Was the student adequately prepared for this assignment? Yes\_\_\_ No\_\_\_

If not, what preparation would have helped?\_\_\_\_\_

\_\_\_\_\_

Was the student punctual in reporting to work? Yes\_\_\_ No\_\_\_

Did the student complete assignments on time? Yes\_\_\_ No\_\_\_

**General Comments**

Student's Strengths\_\_\_\_\_

\_\_\_\_\_

Areas for Improvement\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND THIS EVALUATION WILL BE AVAILABLE TO THE STUDENT.  
I HAVE\_\_\_, HAVE NOT\_\_\_ DISCUSSED THIS REPORT WITH THE STUDENT.

Date:\_\_\_\_\_ Signature:\_\_\_\_\_

**\*\*\*Please mail this evaluation to the student's faculty intern advisor following the completion of the internship. So that it remains valid, please return in a sealed envelope rather than give to the student.**