Internship Award - Employer Evaluation Form

Start of Block: Default Question Block
Penn State College of Agricultural Sciences Alumni Society Internship Award Employer Evaluation Form Supervisor Evaluation of Student Performance Credit or Non-Credit Internship
Form must be completed by supervisor.
Date:
Supervisor's Name:
Position/Title:
Phone Number:

Email:
Student Name:
Position Student Held:
Company Name:
Business Type:
This performance evaluation is designed to identify and assess the growth and learning development of students while in an experiential learning environment related to their career interest and goals. Please check the rating level that most closely represents the intern's performance and comment where possible. Additional comments can be included on a separate sheet.

Quality of work	
(accuracy, thoroughness)	
O Excellent	
O Very Good	
O Average	
O Below Average	
OPoor	
Comments:	

Quai (volu	ntity of work ume, pace, effort)	
(○ Excellent	
(○ Very Good	
(○ Average	
(○ Below Average	
(Poor	
Com	nments:	
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Competence	
(applies experience and training)	
O Excellent	
O Very Good	
J 1919	
O Average	
O Balana Arrana na	
O Below Average	
OPoor	
Comments:	
	

Ability to learn	
(grasps and retains new responsibilities)	
O Y C C L	
Very GoodAverage	
O Below Average	
O Poor	
Comments:	

Initiative	
(originates ideas and seeks new responsibilities)	
O Excellent	
O Very Good	
O Average	
O Below Average	
OPoor	
Comments:	
-	

Reliable	
(dependable, punctual, conscientious)	
○ Excellent	
O Very Good	
O Average	
O Below Average	
OPoor	
Comments:	

Judgement	
(reasoning ability and common sense)	
○ Excellent	
O Very Good	
O Average	
O Below Average	
O Poor	
Comments:	

Personal relations	
(ability to work effectively with others)	
ExcellentVery Good	
O Average	
O Below Average	
OPoor	
Comments:	

Application to work	
(enthusiastic, diligence, interested)	
○ Excellent	
O Very Good	
O Average	
O Below Average	
OPoor	
Comments:	

Excellent O Very Good Average O Below Average OPoor Comments: What are a few recommended areas of improvement this student needs to improve his/her qualifications for pursuing a career in your discipline or type of business?

Overall Performance

Frequent to constant
Occassional
○ Minimal
Additional Comments:
End of Block: Default Question Block
Start of Block: Block 1
Contact Information:
O Supervisors Name:
O Position/Title:
O Email Address:
O Campus Address
Thank you for your input. We plan to use your comments to help this student and to counsel future internship/co-op students.

On average, how much daily contact did you have with this student during his/her employment?