

EASTERN ILLINOIS UNIVERSITY
SCHOOL OF TECHNOLOGY

FINAL EVALUATION FORM (Business or Industrial Supervisor)

Intern's Name: _____

Cooperating Business or Company: _____

Address: _____
(Street) (City)

(State) (Zip) Phone: _____

1. Areas of internship activity:

2. Please mark the appropriate space for each of the following factors: (10 = highest rating)
(Leave unobserved factors blank)

	10	9	8	7	6	5	4	3	2	1
Initiative										
Dependability										
Judgment										
Resourcefulness										
Verbal Communication										
Written Communication										
Leadership										
Cooperativeness/Teamwork										
Problem Solving Skills										
Personality										
Gets-along with others										
Technical Skills										
Technical Knowledge										
Overall Potential										

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Please identify the intern's greatest strengths:

Please identify any area of knowledge and/or skill needing improvement:

Please make comments about the intern's motivation, attitude, work ethics, ability level, and/or any other evaluative criteria:

Is this the quality of individual you would hope to hire?

Yes No No Comment

Evaluator's Name

Company or Business

Date