INTERNSHIP EVALUATION FORM TO BE COMPLETED BY EMPLOYER

A significant component of the internship program is the learning that takes place at the work site. This evaluation should be a candid appraisal of the student’s performance. This evaluation should be completed by the immediate supervisor and be based upon the expectations for a young professional new to the field. If you prefer to use your own evaluation form, please feel free to do so.

Student Name: ___________________________ Major: ___________________________

Supervisor (Evaluator) Name: ___________________________ Title: ___________________________

Department: ____________________________________________________________________

Employer Name: __________________________________________________________________

Employer Address: __________________________________________________________________

Describe the accomplishments and contributions made by the student.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What is your overall evaluation of the work done by the student? Note any major strengths or weaknesses.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Was the student adequately prepared academically for his/her position? (Please add suggestions so that we can better prepare students for future positions like this one.) ☐ Yes ☐ No
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Have arrangements been made for this student to return to work at your company? 

☐ Yes  ☐ No

If yes, please indicate semester and year (please circle the applicable semester).

FALL   SPRING   SUMMER   20_____

Times absent: __________________

Reason(s):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

RATING FACTORS

<table>
<thead>
<tr>
<th>Did the student have:</th>
<th>Definitely Yes</th>
<th>Yes</th>
<th>No</th>
<th>Definitely No</th>
<th>Unable to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>An ability to apply classroom knowledge in a real-world work environment?</td>
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<td>An understanding of professional and ethical responsibility?</td>
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<td>An ability to communicate effectively?</td>
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<td>An ability to use the techniques, skills, and modern business tools?</td>
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</tbody>
</table>

Do you plan to hire other MSU interns and/or graduates in the future?  

☐ Yes  ☐ No

This evaluation has been discussed with the intern student? (Optional)  

☐ Yes  ☐ No

Employer’s Signature: ___________________________  Date: ____________________

Please email, hand deliver, fax or mail this completed document:

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Dillard College of Business Administration  
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