

Employer Evaluation of Intern

Internship Program
 Career Services
 University of California
 Santa Barbara CA 93106-7140
(805) 893-4418 FAX (805) 893-8023

Organization Information

Name	Date
Name of Intern	Internship Title
Number of weeks intern has worked	Average number of hours per week worked

This performance evaluation is designed to provide a process for identifying and assessing the growth and learning development of UCSB students while in an experiential learning environment.

Attitude-Application to Work

Outstanding in enthusiasm
 Very interested & industrious
 Average in diligence & interest
 Somewhat indifferent

Ability to Learn

Learned work exceptionally well
 Learned work readily
 Average in understanding work
 Needs improvement

Dependability

Completely dependable
 Above average in dependability
 Usually dependable
 Needs improvement

Initiative

Proceeds well on his/her own
 Goes ahead independently at times
 Does all assigned work
 Requires frequent supervision

Quality of Work

Excellent
 Very Good
 Good
 Needs improvement

Relations with Others

Exceptionally well accepted
 Works well with others
 Gets along satisfactorily
 Needs improvement

Maturity-Poise

Quite poised & confident
 Has good self-assurance
 Average maturity & poise
 Timid
 Brash

Judgement

Exceptionally mature in judgement
 Above average in making decisions
 Usually makes the right decision
 Needs improvement

Quantity of Work

Excellent
 More than average
 Normal amount
 Needs improvement

Attendance

Regular Irregular

Punctuality

Regular Irregular

Briefly describe the intern's work assignment if significantly different from your original job description:

List some of the contributions the intern made to your area:

List the personal characteristics that will help or hinder the intern's professional development.

Strengths

Area for Improvement

Over-All Performance

Other Comments:

Outstanding

Very Good

Good

Needs Improvement

Do you plan to hire your current intern upon completion of his/her internship?

Yes

No

(If yes)

Part-time

Full-time

Comments or suggestions to improve the Internship Program.

Evaluated by

Title

Date

Has this report been read by the student?

YES

NO

Student signature (optional)
