

SECTION I

Intern Name: _____ Date: _____ Date of Internship: _____

Supervisor Name: _____ Title: _____

Organization: _____ Telephone: _____

Address: _____
(Number, Street, City, State, and Zip code)

Website: _____ E-Mail: _____

Intern Responsibilities: _____

SECTION II Please check appropriate response regarding student intern below.

Relationships with people inside and outside the organization	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Objectively considered other people's ideas and opinions				
b. Worked well in team setting				
c. Was receptive to supervision				
d. Assimilated into culture of organization				
Comments:				
Work habits and attitude	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Was punctual and dependable				
b. Contributed in a positive and pleasant manner				
c. Demonstrated initiative				
d. Conducted himself/herself in a professional manner				
Comments:				
Communication	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Thoughts and ideas were clearly verbalized				
b. Written communication was understandable and clear				
c. Asked appropriate and timely questions				
Comments:				

Task/project results	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Tasks were completed in an efficient manner				
b. Quality of completed tasks met expectations				
c. Deadlines were met				
Comments:				
Other skills	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Able to learn new skills				
b. Effectively solved problems using critical thinking skills				
Comments:				
Academic preparedness	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Was academically prepared for internship				
Areas where the intern was well prepared:				
Areas where the intern was not prepared:				

SECTION III

Feedback for GVSU's Internship Program

1. What aspects worked well?

2. What aspects could be improved?

Immediate Supervisor Printed Name

Student's Signature

Supervisor's Signature