

George Dean Johnson, Jr. College of Business and Economics
USC Upstate

End of Semester Employer Evaluation of Intern Form

Please complete and submit this form at the mid-term of the internship to
Brian Brady bbrady3@uscupstate.edu

Student name _____ Date _____

Organization _____ Evaluator _____

Evaluator phone _____ Evaluator email _____

Please use the following scale to evaluate the intern’s abilities and performance with your organization.

1. Poor (does not meet expectations/never demonstrates this ability)
2. Unsatisfactory (rarely meets expectations/seldom demonstrates this ability)
3. Fair (Sometimes meets expectations/sometimes demonstrates this ability)
4. Satisfactory (Sometimes exceeds expectations/usually demonstrates this ability)
5. Exceptional (Consistently exceeds expectations/always demonstrates this ability)

(If any criteria are not applicable to this internship, leave the response blank)

A. Please check the box that corresponds to your evaluation

	Exceptional	Satisfactory	Fair	Unsatisfactory	Poor	Not Applicable
Expectations/Ability	5	4	3	2	1	
1. Asks pertinent questions						
2. Accepts responsibility for mistakes and learns from experiences						
3. Communicates ideas and concepts clearly in writing						
4. Works satisfactorily with mathematical procedures of the job						
5. Effectively participates in meetings and/or group settings						
6. Demonstrates effective verbal communication skills						
7. Exhibits self-motivated behavior toward the job						
8. Demonstrated ability to manage time and set priorities						
9. Exhibits professional behavior and attitude						
10. Contributes to a team atmosphere						

	Exceptional	Satisfactory	Fair	Unsatisfactory	Poor	Not Applicable
11. Fits in with the norms and expectations of the organization						
12. Reports to work as scheduled and on-time						
13. Dress and appearance are appropriate for this organization						
14. Brings a sense of values and integrity to the job						
15. Behaves in an ethical manner						
16. Respects diversity						
If there are other skills, competencies or behaviors that you feel are important to your organization not included above, please list those below and assess the intern accordingly						
17.						
18.						
19.						
20. Overall performance						

B. Please answer the following questions about the intern

1. In your opinion, what are the intern’s areas of strength?

2. In your opinion, what are the intern’s areas that could use improvement?

This evaluation must be reviewed with the intern.

Review Date _____

Evaluator's signature _____

Evaluator's Title/position _____

Intern signature _____