

Michael G. Foster School of Business

Student Performance Evaluation

To be completed by the employer upon completion of the internship.

Student: _____

Internship Organization: _____ Supervisor: _____

1. Did the student intern fulfill his/her commitment as outlined in the Internship Contact? Yes No

2. How many hours/week did the student intern work throughout this internship? _____

Evaluation Factors	Superior	Very Good	Good	Fair	Poor	Comments
Competence (knowledge, skills, and ability to perform assigned tasks)						
Initiative (proceeds well on own, completes all assigned work on time)						
Ability to learn (learns work readily, accepts and follows directions)						
Relationships (cooperativeness, tact, effectiveness, in working with others)						
Leadership (ability to assume leadership role in assigned tasks)						
Creativity (Perceives needs, originates new ideas)						
Quality of work (neatness and efficiency with which work assignments are completed)						
Quantity of work (amount of acceptable work employee is capable of producing)						
Dependability (reliability, punctuality, attendance)						
Additional Specific skills, knowledge or abilities important to the job						

Would you be willing to take additional University of Washington interns? Yes _____ No _____

If you would like someone to contact you regarding another intern please include contact information below:

Name _____ Phone: _____ Email: _____

Signature: _____

Month and/or year you would like to be contacted regarding internships _____