ON-SITE SUPERVISOR’S EVALUATION OF INTERN

This form is to be completed immediately following the internship, with one copy sent to the intern, and one copy sent to:

Dept. of Economics
University of North Carolina, Chapel Hill
107 Gardner Hall, CB 3305
Chapel Hill, NC 27599-3305
FAX: 919-966-4986

INTERN’S NAME______________________________________________________________

ON-SITE SUPERVISOR’S NAME________________________________________________

TITLE: ______________________________________________________________________

ORGANIZATION: ______________________________________________________________________

Address: ______________________________________________________________________

PHONE: ______________________________

EMAIL: _______________________________

TOTAL HOURS WORKED ____________________________

DATES OF INTERNSHIP: FROM _______________________ TO: _________________________

Please indicate your evaluation of the intern in these areas using the following scale:
1= excellent, 2 = good, 3= fair, 4= improvement needed, 5= unsatisfactory

___ Understands job responsibilities
___ Follows instructions
___ Accepts direction from supervisors
___ Learns quickly
___ Motivated
___ Works well alone once assigned task
___ Produces good quantity of work
___ Produces good quality of work
___ Communicates well with others
___ Uses time efficiently
___ Works well under pressure
___ Trustworthy
___ Demonstrates leadership
Well liked and respected by co-workers
Completes work on time
Well groomed
Seeks increased responsibility
Potential to succeed in a career similar to internship

COMMENTS: (include a separate page if necessary)

On-site supervisor’s signature

Date: ______________

General Comments about the Internship program: