

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:*

Attn: Kelly Finn, Undergraduate Student Manager

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:

5 = excellent, 4 = good, 3 = fair, 2 = improvement needed, 1 = 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: