



MSJC INTERN EVALUATION FORM

Student Name: _____

Internship Site/Company: _____

Supervisor Name & Title: _____

Internship Dates (From/To): _____

Date of Evaluation: _____

Evaluation Scale:

5 = Excellent | 4 = Very Good | 3 = Satisfactory | 2 = Needs Improvement |

1 = Unsatisfactory N/A = Not Applicable

Please rate the intern in the following areas:

Characteristic	Score (1–5 or N/A)	Comments
Punctuality and Dependability		
Attendance		
Professionalism (appearance, demeanor)		
Communication Skills (verbal & written)		
Teamwork and Collaboration		
Initiative and Motivation		
Ability to Accept and Apply Feedback		
Problem Solving and Critical Thinking		
Adaptability/Flexibility		
Quality of Work		
Time Management and Organizational Skills		
Confidentiality and Ethical Standards		
Knowledge of Field or Subject Area		

Use of Technology and Tools		
Leadership Potential (if applicable)		

Supervisor Feedback

What are the students' strengths?

What areas could the student improve on?

Would you recommend this student for future employment or internships?

☐ Yes ☐ No ☐ With Reservations (please explain)

Supervisor Signature: _____ Date: _____

Student Signature (for acknowledgment): _____ Date: _____

*Note: The student's signature does not imply agreement, only that the evaluation has been reviewed.