

Internship Supervisor Evaluation Form

Upon completion of the students internship, please complete and return this form directly to Melissa.a.wade@ttu.edu and Michael.Ballou@ttu.edu. Thank you!

Name of Supervisor:

Title:

Organization's Name:

Name of Student:

Starting Date of Internship:

Completion Date of Internship:

	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Not Applicable/ Did not Observe
Arrival to work in a timely manner					
Oral communication skills					
Written communication skills					
Ability to work with a team					
Ability to work independently.					
Willingness and effort					
Computer skills					
Professional Behavior					
Decision making skills					
Setting Priorities					
Dependability					
Overall Evaluation					

Total Number of Hours of Work:

Would you be willing to hire this student? Why or why not?

Overall Comment/suggestions:

Signature of Supervisor:

Date: