

# Internship Site Coordinator's Evaluation Form

Name of intern: \_\_\_\_\_

Date of internship: from \_\_\_\_\_ through \_\_\_\_\_

Name of Internship Site Coordinator: \_\_\_\_\_

Signature/Date of Internship Site Coordinator: \_\_\_\_\_

Please rate the intern

Where: 5 = Excellent

1 = Poor

N/A = Not Applicable

Attribute:	Poor 1	2	3	4	Excellent 5	N/A
Writing						
Speaking						
Critical Thinking/Problem Solving						
Collaboration/Working with others						
Knowledge of Subject Matter Relevant						
Punctuality						
Initiative						
Quality of Work						
Value to Your Organization						

Other Comments:

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