

Employer Evaluation of Student Intern Performance

I. Student Information

First Name

Last Name

Internship Position Title

Weekly Hours

Start Date

End Date

II. Company Information

Supervisor Name

Title

Telephone

E-mail

Company Name

Address

City, State, Zip Code

Country

III. Evaluation Questions

- | | | |
|---|-----|----|
| 1) Did the intern meet all the goals you agreed upon? | Yes | No |
| 2) Would you recommend this student for future employment? | Yes | No |
| 3) Has this report been discussed with the student intern? | Yes | No |
| 4) Would you be interested in hosting other AGSM interns in the future? | Yes | No |

Please fill out the evaluation questions:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Appropriate leadership displayed					
Recognizes problems and recommends solutions/ appropriate actions					
Exhibits the ability to learn and apply new skills required on the job					
Possesses high level of written and oral communication skills					
Ability to work as a team player, shows sensitivity and diplomacy in dealing with others					
Accomplished all assigned project tasks					

Additional Comments:

Signature of Company Supervisor

Date

Thank you for taking the time to submit your responses.

Please submit this evaluation directly via e-mail to the MBA Career Development Center:

dina.mouris@ucr.edu