



VIII. Supervisor's evaluation of student intern

Student Name:

Internship Mentor Name and Title:

Term of Internship:

Feedback: please feel free to provide comments on the quality and quantity of the intern's work. For instance, were the tasks completed timely and effectively?

How was the independent working ability and teamwork ability of the student?

Was the student willing to learn new knowledge and follow organizational protocol? How was the communication ability? How was the professional capacity of the student, etc.

Grade: Please evaluate the overall performance of the students:

A = Excellent performance

B = Good performance

C = Acceptable performance

D = Marginal performance

F = Poor performance

Internship Mentor Signature:

Date