

NEDA University Internship/Co-op Program Employer Evaluation of Student Intern

Instructions to the Employer Work Site Supervisor: This proposed student evaluation form is intended to be a guideline for NEDA members. The employing firm or university may have a prescribed format that is more appropriate than this guideline.

Intern/Co-op Student Name: _____

University: _____ Classification: _____

Employer: _____

Supervisor Name: _____ Telephone: _____

Description of Intern Assignment: _____

Evaluation of Student Intern:

Work Traits	Above Average	Average	Below Average
Relationship with others			
Judgement			
Ability to learn			
Willingness to accept responsibility			
Dependability			
Quality of work			
Quantity of work			
Communications: oral			
Communications: written			
Leadership qualities			
Time management			
Adherence to deadlines/schedules			

Demonstrated Strengths: _____

Recommended Improvement Areas: _____

Additional Comments: _____

Signature of Supervisor: _____ Date: _____

I have read the evaluation and my supervisor has reviewed it with me.

Signature of Student: _____ Date: _____

University Intern Coordinator: _____ Date: _____