



420 Boulevard of the Allies
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INTERNSHIP FINAL EVALUATION

Please MAIL or FAX directly to the indicated Instructor or Department Director:

Quarter:	<input type="text"/>	Year:	<input type="text"/>
Student Name:	<input type="text"/>		
Company:	<input type="text"/>		
Supervisor Name:	<input type="text"/>		
Supervisor Signature:	<input type="text"/>		

Timeliness	<input type="text"/>
Appearance	<input type="text"/>
Motivation	<input type="text"/>
Knowledge of Field	<input type="text"/>
Communications Skills	<input type="text"/>
Technical Skills	<input type="text"/>
Quality of Work	<input type="text"/>

Please rank the student intern on his/her performance in each of these categories using the following scale. If you complete this form on the computer you can use the drop down menu options to select these:

- 0- Poor
- 1- Weak
- 2- Satisfactory
- 3- Good
- 4- Excellent

Comments

Has the student intern improved since midterm?	<input type="text"/>
Do you anticipate needing an intern next term?	<input type="text"/>