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### INTERNSHIP MIDTERM EVALUATION

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

Quarter:

Year:

Student Name:

Company:

Supervisor Name:

Supervisor Signature:

Timeliness

Appearance

Motivation

Knowledge of Field

Communications Skills

Technical Skills

Quality of Work

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