



## **Student Intern/Coop Evaluation**

Intern Name:					
Semester: Fall	Spring	Sun	nmer		_
Business Name					
Supervisor Name:					
Business Phone #					
Please rate the s	tudent intern o	on each of the fol	llowing ca	tegories.	
Ratings	4	3	2	1	
Professional Qualities Establishes rapport with supervisor Establishes rapport with staff Establishes rapport with clients Communicates well Seeks new knowledge Shows initiative Manages time well Produces accurate reports/records Demonstrates adequate knowledge	Exceptional	Above Average	Average	Below Average	No basis for Judgment
Ratings	4	3	2	1	
Professional Qualities Is punctual Is dependable Accepts Constructive Criticism Demonstrates Enthusiasm Dresses Professionally	Exceptional	Above Average	Average	Below Average	No basis for Judgment

Please use this space to make any additional comments.					
I certify thatHours.	(student intern name) has completed	internship			
Supervisor Signature	Date				