

## FINAL INTERNSHIP EVALUATION

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Dear Internship Supervisors,

Please complete this final evaluation form within the next 2 weeks. Evaluations can be returned by mail or fax, or you can give the form to your intern. Also please initial the time sheet if you have not done so already. The interns are responsible for bringing their timesheet to the internship office.

Unless you ask us not to, we will share all of your comments with our students as it is a terrific opportunity for them to understand how much they are achieving and learning as they participate in your organization.

We greatly appreciate your contributions to our internship program and value the generosity and professionalism you demonstrate to our student interns. If you have any questions, please do not hesitate to contact us.

Sincerely,  
Nicole Kinsey  
Internship Coordinator  
Great Neck South High School  
341 Lakeville Road  
Great Neck, New York 11020  
516.441.4862 (phone)  
516.773.8279 (fax)

### **SUGGESTIONS FOR THE INTERNSHIP COORDINATOR:**

**FINAL INTERNSHIP EVALUATION**

Name of intern: \_\_\_\_\_ Placement (company name): \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone / Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you be interested in participating in our internship program next year? *(circle one)* YES / NO

If so, how many interns could you use in your office? \_\_\_\_\_

***Please use the following key to provide an evaluation of your intern's work over the course of the semester:***

- U** = UNSATISFACTORY
- N** = NEEDS IMPROVEMENT
- S** = SATISFACTORY
- G** = GOOD
- E** = EXCELLENT

**Category**

**Rating**  
**(circle one)**

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|--|------------------|
| 1. Attendance and punctuality<br><i>(also please be sure to initial and return the sign-in sheet)</i>                          | <b>U N S G E</b> |
| 2. Quality of work (ACCURACY / COMPLETION / TIMELINESS / CONSISTENCY)  | <b>U N S G E</b> |
| 3. Ability to take initiative  | <b>U N S G E</b> |
| 4. Level of motivation / Attitude  | <b>U N S G E</b> |
| 5. Interaction with others (CUSTOMERS / CO-WORKERS, ETC.)  | <b>U N S G E</b> |
| 6. What improvement or progress did you see throughout the course of the semester? (Please note specific areas and/or skills.) |                  |
| 7. What are the intern's strengths?  |                  |
| 8. What could the intern improve on?   |                  |
| 9. How would you describe the intern's ability to interact with others?  |                  |
| 10. Please use this space or attach an additional sheet for any further comments.  |                  |