INTERN EVALUATION

Date _____

Note to employer/supervisor: *At the end of the internship, please fill out this form or your own company's form to evaluate the intern. We ask you to review your evaluation with the intern before mailing it to the address below.*

Intern's Name _____ Internship Period _____

NEEDS IMPROVEMENT 1 2	AVERAGE 3 4	ABOVE AVERAGE 5 6	OUTSTANDING 7 8

	1	2	3	4	5	6	7	8
1. Accuracy of Work								
2. Completing Assigned Tasks on Time								
3. Organizing Own Work								
4. Industriousness/Ability to See a Problem								
5. Follow-up on Projects and Work Flow								
6. Teamwork/Ability to Get Along with Others								
7. Processing Records, Reports & Documents								
8. Written Communication Skills								
9. Verbal Communication Skills								
10. Adaptability								
11. Appearance								
12. Comparison with Peers								

What are intern's strengths? _____

Areas for improvement _____

Would you want this intern working for you? _____

What would be a good, brief description of this intern? _____

_____

What suggestions do you have for improving the HCS internship program? _____

_____

Signature _____ Name _____

Phone _____ Email _____

Mail Fax or email to:

Dr. Scott Steinmaus
Horticulture and Crops Science Department
Cal Poly
San Luis Obispo, CA 93407

Fax: (805) 756-6504
E-mail: plyons@calpoly.edu
Phone: (805) 756-2279