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 _____________________________

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<tr>
<th>NEEDS IMPROVEMENT</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>OUTSTANDING</th>
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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 _____________________________

Email to: aeps@calpoly.edu

Questions?
E-mail: aeps@calpoly.edu
Phone: (805) 756-2279