

Internship Program

Internship Evaluation by Supervisor

The intern:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Was dependable					
Was punctual					
Worked independently					
Worked as a member of a team					
Met deadlines					
Was flexible and adjusted to changing needs					
Demonstrated appropriate level of required skills					
Demonstrated good oral communication skills					
Demonstrated effective written communication skills					
Showed initiative					
Was motivated					
Accepted constructive criticism					
Applied instruction					
Maintained a positive attitude					
Dressed appropriately for the job				-	

Narrative:
Relative to the internship tasks assigned, what were the intern's strengths?
Relative to the internship tasks assigned, what were the intern's areas of improvement?
Were the learning objectives of the internship met?

What is your overall assessment of the student's performance	?
Have you discussed this evaluation with your student? Yes	No
Do you want this evaluation to be confidential? Yes No	_
Other comments:	
Internship Supervisor's signature and date:	
internally Supervisor a signature and date.	
Please return this form to the Faculty Sponsor.	
ROUTING: Original - Faculty Sponsor; Copy - Student	
DLU: 7/19/21	The Office of Student Engagement., Room

The Office of Student Engagement., Room A118
: 410-386-8500
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