

Student Internship Performance Evaluation

SUNY Buffalo State University
Business Department Internship Program (BUS 488)
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Form #4

This form is completed by the company supervisor and the intern includes it in the final internship portfolio.

Intern Name:

Date:

Company:

Supervisor Name:

Please complete the Student Internship Performance Evaluation form by selecting the number which best reflects your observation of the intern's performance. To provide the most constructive feedback to the intern on his/her individual strengths and weaknesses, please comment on your choice.

Evaluate your student intern by using the following scale:

(5) Excellent (4) Above average (3) Average (2) Below average (1) Poor (N) Not observed

PERSONAL ATTRIBUTES	RATING	COMMENTS
ATTITUDE	5 4 3 2 1 N 5 4 3 2 1 N	
DEPENDABILITY	5 4 3 2 1 N	
ENTHUSIASM	5 4 3 2 1 N	
ADAPTABILITY	5 4 3 2 1 N	
INITIATIVE	5 4 3 2 1 N	

PERSONAL ATTRIBUTES	RATING	COMMENTS
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APPROPRIATE ATTIRE WORN	5 4 3 2 1 N 5 4 3 2 1 N	
SPEAKING ABILITY	5 4 3 2 1 N	
WRITING ABILITY	5 4 3 2 1 N	
PROFESSIONAL ATTITUDE	5 4 3 2 1 N	
QUALITY OF WORK	5 4 3 2 1 N	
QUANTITY OF WORK	5 4 3 2 1 N	
ABILITY TO FOLLOW INSTRUCTIONS	5 4 3 2 1 N	
ATTENTION TO DETAIL	5 4 3 2 1 N	
GENERAL BUSINESS KNOWLEDGE	5 4 3 2 1 N	
GENERAL COMPUTER KNOWLEDGE	5 4 3 2 1 N	
PROBLEM SOLVING/ JUDGMENT SKILLS	5 4 3 2 1 N	

PERSONAL ATTRIBUTES	RATING	COMMENTS
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ACCEPTANCE OF CRITICISM	5 4 3 2 1 N 5 4 3 2 1 N	
PUNCTUALITY	5 4 3 2 1 N	
ATTENDANCE	5 4 3 2 1 N	
COOPERATION WITH CO-WORKERS	5 4 3 2 1 N	
OVERALL EVALUATION	5 4 3 2 1 N	

Evaluation: Please provide your appraisal on the intern's performance. Attach a separate sheet if necessary. Thank you.

Company Supervisor Signature

Date

Student Intern: I have reviewed my internship performance rating as indicated on this form. My signature does not necessarily mean that I agree with the ratings.

Student Signature

Date