



# Middle Georgia State University

SCHOOL OF COMPUTING  
Department of Information Technology

## **INTERNSHIP SUPERVISOR EVALUATION FORM**

This evaluation is designed primarily to provide feedback on job performance and related issues to assist the student. This form is to be completed and submitted at the end of the semester.

| SUPERVISOR INFORMATION                                                                            |                                        |           |           |                               |                   |                |                |
|---------------------------------------------------------------------------------------------------|----------------------------------------|-----------|-----------|-------------------------------|-------------------|----------------|----------------|
| NAME:                                                                                             |                                        |           |           | JOB TITLE:                    |                   |                |                |
| ORGANIZATION'S NAME:                                                                              |                                        |           |           | PHONE NUMBER:                 |                   |                |                |
| EMAIL ADDRESS:                                                                                    |                                        |           |           |                               |                   |                |                |
| INTERNSHIP INFORMATION                                                                            |                                        |           |           |                               |                   |                |                |
| STUDENT'S NAME:                                                                                   |                                        |           |           |                               |                   |                |                |
| STARTING DATE (DD/MM/YYYY):                                                                       |                                        |           |           | COMPLETION DATE (DD/MM/YYYY): |                   |                |                |
| ABOUT THE INTERN                                                                                  |                                        |           |           |                               |                   |                |                |
| 1. Please evaluate this student intern on the following items by checking the appropriate rating. |                                        | Excellent | Very Good | Satisfactory                  | Needs Improvement | Unsatisfactory | Not Applicable |
| <input type="checkbox"/>                                                                          | Arrived to work on-time                |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Behaved in a professional manner       |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Effectively performed assignments      |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Oral communication skills              |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Written communication skills           |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Computer Skills                        |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Ability to work with others            |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Ability to adapt to a variety of tasks |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Decision-making, setting priorities    |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Reliability and dependability          |           |           |                               |                   |                |                |
| <input type="checkbox"/>                                                                          | Attention to accuracy and details      |           |           |                               |                   |                |                |

|  |                                                                           |  |  |  |  |  |  |
|--|---------------------------------------------------------------------------|--|--|--|--|--|--|
|  | Willingness to ask for help and guidance                                  |  |  |  |  |  |  |
|  | Quality of work                                                           |  |  |  |  |  |  |
|  | Demonstrated critical thinking and problem solving skills                 |  |  |  |  |  |  |
|  | Making and meeting deadlines                                              |  |  |  |  |  |  |
|  | Seemed interested and in and enthusiastic about the internship experience |  |  |  |  |  |  |

|    |                                                                                                                  |           |      |         |      |  |
|----|------------------------------------------------------------------------------------------------------------------|-----------|------|---------|------|--|
| 2. | Describe the ways in which the intern's performance benefited your organization.                                 |           |      |         |      |  |
| 3. | What development have you observed in the student's skills, knowledge, personal and/or professional performance? |           |      |         |      |  |
| 4. | What do you consider to be the intern's strengths?                                                               |           |      |         |      |  |
| 5. | In what areas does the intern need to improve?                                                                   |           |      |         |      |  |
| 6. | Overall, how do you rate your experience with <u>this intern</u>                                                 | Excellent | Good | Average | Poor |  |

**ABOUT THE INTERNSHIP EXPERIENCE**

|    |                                                                                                                                                 |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | What are your suggestions for improving the Department of Information Technology's internship program?                                          |
| 2. | Based on your experience, would you supervise other Department of Information Technology interns or recommend the internship program to others? |
| 3. | Do you have any other comments that will help the Department and our students?                                                                  |

|                        |                                                                               |           |      |         |      |
|------------------------|-------------------------------------------------------------------------------|-----------|------|---------|------|
| 4.                     | Overall, how do you rate your experience with <u>this</u> <u>internship</u> ? | Excellent | Good | Average | Poor |
| SUPERVISOR'S SIGNATURE |                                                                               |           | DATE |         |      |