Place of Internship

Internship Performance/Career Development Evaluation

**(By supervisor)**

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| **Name:**  | **Department:**  |
| **Name of Intern:**  | **Time in Present Position:**  |
| **Start Date:**  | **Date:**  |

List accomplishments:

Intern’s greatest strengths:

List any significant difficulties and/or problems encountered:

Areas requiring additional development:

Additional comments:

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_