EMPLOYER EVALUATION OF INTERNSHIP EXPERIENCE

Company Name:						
City, State: Semester of Internship: _ Fall _ Spring _ Summer Student Name:		Year:				
Student Name: Evaluation Completed By:						
1. Rate the following items regarding your experience:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The intern displayed professional behavior.						
The intern was engaged and interested in learning.						
The intern achieved desired objectives.						
The intern was receptive to feedback.						
The intern satisfactorily handled various levels of responsibility, and was given additional responsibility as his/her experience increased or as requested.						
The intern positively contributed to the success of the organization.						
 2. Overall how would you rate your experience with this i Excellent (5) Good (4) Average (3) Below average (2) Poor (1) Additional Comments:						
3. Did the internship result in a permanent position for the □ Yes □ No	student?					
4. What could we do to improve your experience with Joh	n Carroll?					
 5. Will you recruit for future internship positions with Joh Yes No 	n Carroll?					
6. Comments:						
Please sign below confirming that the student has complet	ted at least 13	35 internsh	ip hours:			