

INTERNSHIP EMPLOYER EVALUATION

Student Name (Last, First, Middle): _____

Organization Name: _____

Address (street, city, state & zip): _____

Supervisor Name: _____

The student developed goals and learning outcomes prior to beginning this internship. Please review the her goals and learning outcomes.

GOAL/LEARNING OUTCOME # 1:

The student met, exceeded or failed to meet this objective in the following ways:

GOAL/LEARNING OUTCOME # 2:

The student met, exceeded or failed to meet this objective in the following ways:

GOAL/LEARNING OUTCOME # 3:

The student met, exceeded or failed to meet this objective in the following ways:

This student has fulfilled my expectations of this internship.

Agree Disagree

Employer Signature: _____ Date: _____