

EMPLOYER INTERNSHIP EVALUATION

This evaluation is a mandatory part of the internship process and must be submitted to faculty internship advisor two weeks prior to the end of the semester.

INTERNSHIP SITE INFORMATION (PLEASE PRINT)

Company Name: _____ Web Address: _____

Host Site Supervisor: _____ Title: _____

Email Address: _____ Telephone Number: [____] _____

Street Address: _____

City: _____ State: _____ Zip: _____

STUDENT INFORMATION

Last Name _____ First Name _____ Semester FA__ SP__ SU__ 20____

TOTAL Number of Hours Completed by Intern: _____

EVALUATION OF STUDENT

The intern's ability to be punctual and dependable was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's ability to dress appropriately during the internship was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's ability to demonstrate the necessary skills to perform daily tasks was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's ability to complete tasks in a timely manner and display good time management skills:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's ability to be cooperative, flexible and adaptable was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's ability to exercise good judgment concerning when to seek guidance and when to be self-reliant was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's ability to articulate his/her own views effectively and appropriately was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's work ethic was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The intern's problem-solving and critical thinking skills would be rated as:

Excellent__ Above Average__ Average__ Below Average__ Poor__

The experience I had with a Department of Art intern was:

Excellent__ Above Average__ Average__ Below Average__ Poor__

Briefly summarize the intern's responsibilities:

EMPLOYER INTERNSHIP EVALUATION [CONTINUE]

What are the intern's strengths?

What area(s) does the intern need to improve upon or seek additional training in prior to graduating?

What benefit(s) do you believe the intern gained from this experience?

Would you seek another intern from Youngstown State University's Department of Art? ____ YES ____ NO
Why or why not?

Additional Comments about the Department of Art student(s) or educational program(s):

Would you be interested in participating as a guest speaker or career mentor for YSU students in the future? ____ YES ____ NO

If yes, which? ____ Guest Speaker ____ Career Mentor ____ Both

Did you share this evaluation with your student intern? ____ YES ____ NO

If NO, may this evaluation be shared with the student? ____ YES ____ NO, please keep it confidential

Evaluator's Signature: _____

Date: ____/____/____

Please mail or fax to:
Department of Art / Bliss Hall
One University Plaza
Youngstown, OH 44555

FAX: (330) 941-3627
PHONE: (330) 941-7183
WEB: www.yosu.edu/art