

CENTRAL CONNECTICUT STATE UNIVERSITY
DEPARTMENT OF COMMUNICATION
INTERN EVALUATION REPORT

Organization Name

Internship Supervisor

Organization Street Address

Internship Supervisor's Title

City State Zip Code

Intern's Name

Hours Intern Worked Per Week

Total Hours Worked

Please rate the components below based on the following:

		Outstanding	Good	Satisfactory	Unsatisfactory
KNOWLEDGE OF JOB	Student possessed a clear understanding of the job, why it must be done accurately and how it was to be done.				
DEPENDABILITY	Conscientious. Consistency of performance. Reliable. Trustworthy. Ability to work under stress. Punctual.				
JUDGMENT	Ability to garner facts and arrive at a sound conclusion. Ability to make decisions.				
INITIATIVE	Earnest in seeking increased responsibilities. Self-starter. Able to work alone.				
COOPERATION	Ability and willingness to work with associates and supervisors.				
QUALITY OF WORK	Accurate, thorough, neat. Acceptable work.				
QUANTITY OF WORK	Volume of work acceptable under normal conditions.				
PERSONAL QUALITIES	Personable, Sociable. Possesses leadership skills, integrity and tact.				

The Department of Communication would greatly appreciate written comments regarding the intern's performance with an attachment to this form. Please email this form and any attachments to the Internship Coordinator prior to the close of the semester.

Supervisor's Signature

Date

*Thank you for participating in our Internship Program!
We appreciate the time and effort that you invest in our students and their future.*