

FERRIS STATE UNIVERSITY – COLLEGE OF BUSINESS

INTERNSHIP PROGRAM

FINAL EMPLOYER EVALUATION OF INTERN FORM

Please complete and submit this form by the Friday of the last week of the internship to: College of Business Internship Coordinator, Barbara Renne
E-mail: COBinterns@ferris.edu or Fax: 231.591.2463

Student: _____ Date: _____

Organization: _____ Evaluator: _____

- | | | |
|---|----------------|--|
| 1 | Poor | (Never demonstrates this ability/does not meet expectations) |
| 2 | Unsatisfactory | (Seldom demonstrates this ability/rarely meets expectations) |
| 3 | Fair | (Sometimes demonstrates this ability/meets expectations) |
| 4 | Satisfactory | (Usually demonstrates this ability/sometimes exceeds expectations) |
| 5 | Exceptional | (Always demonstrates this ability/consistently exceeds expectations) |

If any criteria are not applicable to this internship experience, please leave the response blank.

A. Ability to Learn

- | | | | | | |
|--|---|---|---|---|---|
| 1. Asks pertinent and purposeful questions | 1 | 2 | 3 | 4 | 5 |
| 2. Seeks out and utilizes appropriate resources | 1 | 2 | 3 | 4 | 5 |
| 3. Accepts responsibility for mistakes and learns from experiences | 1 | 2 | 3 | 4 | 5 |

B. Reading/Writing/Computation Skills

- | | | | | | |
|--|---|---|---|---|---|
| 1. Reads/comprehends/follows written materials | 1 | 2 | 3 | 4 | 5 |
| 2. Communicates ideas and concepts clearly in writing | 1 | 2 | 3 | 4 | 5 |
| 3. Works with mathematical procedures appropriate to the job | 1 | 2 | 3 | 4 | 5 |

C. Listening & Oral Communication Skills

- | | | | | | |
|---|---|---|---|---|---|
| 1. Listens to others in an active and attentive manner | 1 | 2 | 3 | 4 | 5 |
| 2. Effectively participates in meetings or group settings | 1 | 2 | 3 | 4 | 5 |
| 3. Demonstrates effective verbal communication skills | 1 | 2 | 3 | 4 | 5 |

D. Creative Thinking & Problem Solving Skills

- | | | | | | |
|--|---|---|---|---|---|
| 1. Breaks down complex tasks/problems into manageable pieces | 1 | 2 | 3 | 4 | 5 |
| 2. Brainstorms/develops options and ideas | 1 | 2 | 3 | 4 | 5 |
| 3. Demonstrates an analytical capacity | 1 | 2 | 3 | 4 | 5 |

E. Professional & Career Development Skills

- | | | | | | |
|---|---|---|---|---|---|
| 1. Exhibits self-motivated approach to work | 1 | 2 | 3 | 4 | 5 |
| 2. Demonstrates ability to set appropriate priorities/goals | 1 | 2 | 3 | 4 | 5 |
| 3. Exhibits professional behavior and attitude | 1 | 2 | 3 | 4 | 5 |

F. Interpersonal & Teamwork Skills

- | | | | | | |
|---|---|---|---|---|---|
| 1. Manages and resolves conflict in an effective manner | 1 | 2 | 3 | 4 | 5 |
| 2. Supports and contributes to a team atmosphere | 1 | 2 | 3 | 4 | 5 |
| 3. Demonstrates assertive but appropriate behavior | 1 | 2 | 3 | 4 | 5 |

G. Organizational Effectiveness Skills

- | | | | | | |
|---|---|---|---|---|---|
| 1. Seeks to understand and support the organization's mission/goals | 1 | 2 | 3 | 4 | 5 |
| 2. Fits in with the norms and expectations of the organization | 1 | 2 | 3 | 4 | 5 |
| 3. Works within appropriate authority and decision-making channels | 1 | 2 | 3 | 4 | 5 |

H. Basic Work Habits

- | | | | | | |
|---|---|---|---|---|---|
| 1. Reports to work as scheduled and on-time | 1 | 2 | 3 | 4 | 5 |
| 2. Exhibits a positive and constructive attitude | 1 | 2 | 3 | 4 | 5 |
| 3. Dress and appearance are appropriate for this organization | 1 | 2 | 3 | 4 | 5 |

I. Character Attributes

- 1. Brings a sense of values and integrity to the job 1 2 3 4 5
- 2. Behaves in an ethical manner 1 2 3 4 5
- 3. Respects the diversity (religious/cultural/ethnic) of co-workers 1 2 3 4 5

J. Open Category: Industry-Specific Skills

Are there any skills or competencies that you feel are important to the profession or career-field (represented by your organization) that have not been previously listed in this evaluation? If so, please list these skills below and assess the intern accordingly.

- 1. 1 2 3 4 5
- 2. 1 2 3 4 5
- 3. 1 2 3 4 5

K. Comments:

L. Overall Performance (if I were to rate the intern at the present time) 1 2 3 4 5

M. Total Number of Hours Intern Worked Up to This Point: _____

This assessment must be reviewed with the intern.

Date of review: (Month/Day/Year): _____.

Intern Signature: _____	Date: _____
Evaluator's Signature: _____	Date: _____
Title/Position: _____	Telephone: _____
E-mail Address _____	