

GRADUATE CAREER MANAGEMENT CENTER
Graduate Internship Course – Employer Evaluation of Intern (Form 2)

Student Name: _____ **Semester:** _____

Job Title: _____ **Department:** _____

Employer Name: _____ **Supervisor's Name:** _____

Please take the time to provide us with information regarding this student's performance. The appraisal will assist us in facilitating the student's career development and be considered in the final evaluation of the student's performance in the internship course. Please include any comments that you believe will assist in the student's professional development. We encourage you to meet with the student to discuss his/her overall performance.

5=Outstanding 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory N/A=Not Applicable

1. Work Attitude N/A 5 4 3 2 1

Comments: _____

2. Professional Responsibility N/A 5 4 3 2 1

Comments: _____

3. Interpersonal Relations N/A 5 4 3 2 1

Comments: _____

4. Quality of Work N/A 5 4 3 2 1

Comments: _____

5. Professional Appearance N/A 5 4 3 2 1

Comments: _____

6. Initiative N/A 5 4 3 2 1

Comments: _____

7. Planning and Organizational Skills

N/A 5 4 3 2 1

Comments:

8. Written Ability

N/A 5 4 3 2 1

Comments:

9. Verbal Ability

N/A 5 4 3 2 1

Comments:

10. Overall Evaluation

N/A 5 4 3 2 1

Comments:

11. Do you have any comments/recommendations regarding the Graduate Internship Program at Baruch?

Comments:

12. Do you anticipate this intern continuing with you through the next semester?

Comments:

13. Can we be of assistance in providing additional intern/ full time resources?

Comments:

14. Will this intern be receiving a full time offer from your firm?

Comments:

SIGNATURES:

Supervisor's Signature:

Date:

Phone:

Email:

Student's Signature*:

Date:

* denotes evaluation was discussed with student intern

Please return completed form to:

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