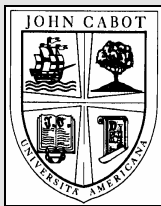


John Cabot University



Internship Program

Sponsor's Intern Evaluation Form John Cabot University Internship Program

FAX No. (3906) 6 8 3 . 2 0 8 8 e-mail: internships@johncabot.edu

Name of Organizational Appraiser: _____

Name of Company/Organization _____

Name of Student Intern _____

Date of Internship __ Summer 07 __ Fall 07 __ Spring 08

Please rate this intern using the two scales provided below.

The first scale ***Supervisor's Ranking of Criteria***. Please read all of the criteria on which you are evaluating your intern, and then rank the criteria in terms of their importance to your organization. Please place your rankings (i.e. 1st, 2nd etc.) in the spaces provided on the left-hand side of this form.

The second scale ***Supervisor's Rating of the Student Intern***. Using the same criteria, please rate your intern by ___ checking the appropriate scale in the space provided on the right side of this form. *Please use the following Rating Scale or Rating of Intern Performance*

Supervisor's Ranking of Work Criteria (1 most important – to 8 least Important)	Supervisor's Rating of STUDENT INTERN (1 Significant Strength -5 Problem Area) NA/NO Not Applicable/
___ Quality of work (Meets institutional requirements)	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___
___ Ability to meet deadlines	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___
___ Oral Communication	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___
___ Written Communication	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___
___ Ethical Conduct	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___
___ Attendance	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___
___ Appearance	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___
___ Other _____	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ NA ___

2. On a scale of 1 to 10, (1 = excellent 10= Unacceptable), my overall evaluation of this intern is
(Please V (check) appropriate response)

1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10__

3. What objective/s did you set for this intern?

4. How well did your Intern meet your objective/s? Please give examples

5. Are you willing to act as a reference for this student?

Yes _____ No _____ Undecided _____

6. Any Comment or Suggestions:

Date

Signature

No later than the last week of the Internship:

Please return your evaluation either by e-mail to: internships@johncabot.edu
or by FAX to: 06-6832088

Internship Program
John Cabot University
Via della Lungara, 233
00165 Rome

Thank you for your cooperation and participation in our Career Services' Program.