

CAREER SERVICES

Montana Tech

Supervisor's Final Evaluation

INTERN NAME _____ INTERN POSITION TITLE _____

SUPERVISOR NAME _____ COMPANY NAME, CITY, STATE _____

SUPERVISOR EMAIL _____ SUPERVISOR DIRECT PHONE # _____

Please evaluate your intern's performance in each of the following areas, discuss your comments with the intern, and send the form to Career Services, Montana Tech, 1300 W. Park St., Butte, MT 59701, or fax to 406-496-4104. We also have an electronic evaluation available at www.mtech.edu/career/employers/. **Please make copy of this evaluation for your file if desired.** Thank you.

1. What professional growth have you seen in the student this work period? _____

2. In what professional areas does the student need more improvement? _____

3. Please comment on how successfully the student met the learning objectives initially established. _____

4. Please rate the student according to the following:

	Unsatisfactory	Marginal	Average	Very Good	Outstanding
Attitude toward work					
Quality of work accomplished					
Quantity of work accomplished					
Ability to learn on the job					
Ability to get along with others					
Ability to communicate					
Ability to think and act independently					
Dependability					
Enthusiasm					
Overall rating					

5. Will this student continue his/her internship into the next semester? Yes No

6. Did you offer this student a full-time position? Yes No

7. Would you like to request another student intern? Yes No For which semester? Summer / Fall / Spring _____
(Circle One) (Year)

EMPLOYER/SUPERVISOR SIGNATURE _____ **DATE** _____

FOR CAREER SERVICES:

SEMESTER/YEAR Summer / Fall / Spring _____ FACULTY COORDINATOR _____
(Circle One) (Year)

Please return to Career Services

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