



COLLEGE OF BUSINESS
 UNIVERSITY OF COLORADO AT COLORADO SPRINGS

Student Evaluation Report
 Internship Program Employer Evaluation

Dear Student:

The University of Colorado at Colorado Springs Internship Program requests that you evaluate your internship. Your comments and suggestions will keep the program staff and faculty apprised of which experiences provide the best training and learning for students. Please complete this questionnaire and return to the Internship Director at the end of your internship. **Completing this form is required or you will not receive a grade for your internship.** You may drop it off at Dwire Hall 301 or mail to:

University of Colorado at Colorado Springs
 College of Business, Lisanne McNew
 1420 Austin Bluffs Parkway
 P.O. Box 7150
 Colorado Springs, CO 80933-7150

Thank you.

Student Name _____ *Major* _____

Company _____

(please circle or put x next to number in each category)

	Excellent	Good	Average	Below Average	Poor
Orientation	5	4	3	2	1
Quality of Work	5	4	3	2	1
Assignments	5	4	3	2	1
Communication with Superiors	5	4	3	2	1
Acceptance by Co-workers	5	4	3	2	1
Educational Value	5	4	3	2	1
Career Value	5	4	3	2	1
Overall Rating	5	4	3	2	1

Comments:

NOTE: Please indicate below if we can use your comments and/or company name from this evaluation on the College of Business website.

_____ You have permission to use comments.

_____ You do not have permission to use comments.

1. Please list your job duties:

2. Did you receive special training and/or what specific skills did you acquire on the job?

3. Would you recommend this particular job or internship to other students studying in your field? Yes No

4. Do you plan to change your educational curriculum as a result of this experience? Please explain.

5. Will you continue working for this employer next semester? Part time Full time
If part time, number of hours per week _____ rate of pay _____ .

6. Would you take another internship if possible?

7. If you will continue working for your internship employer as a full time employee, how important was your internship in you being selected for this position? Please explain:

8. What is your graduation date? Month _____ Year _____

9. Please evaluate your experience with the Internship Program (either circle or put X next to):

	Excellent	Good	Average	Below Average	Poor
The program coordinator was knowledgeable about my internship request	5	4	3	2	1
The internship related to my academic studies/inters	5	4	3	2	1

Comments:



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Employer Evaluation Report
 College of Business
 Internship Program Employer Evaluation

To the supervisor of the intern:

Thank you for your participation in the College of Business Internship Program. This is a valuable experience for both the employer and the student. The Internship Program requires that each student be evaluated at the end of the internship. We would appreciate it if you would complete the following form and return it to us. Please be as candid and complete as possible in describing the student's performance. You are encouraged to discuss this evaluation with the student, although this is not required. For the student who has registered for credit for his/her work, your evaluation is necessary to help the faculty in determining a pass/fail grade for the internship experience. Please mail or fax this evaluation to the Internship Director at:

University of Colorado at Colorado Springs
 College of Business, Lisanne McNew
 1420 Austin Bluffs Parkway
 P.O. Box 7150
 Colorado Springs, CO 80933-7150
FAX: 719- 255-3494

If you have questions or wish to discuss this evaluation, please call Lisanne McNew at (719) 255-4700.

Company Name _____

Name of Person completing Evaluation _____

Student Name _____

	Below				
	Excellent	Good	Average	Average	Poor
Ability	5	4	3	2	1
Grasp of ideas/concepts	5	4	3	2	1
Reliability	5	4	3	2	1
Initiative	5	4	3	2	1
Attitude	5	4	3	2	1
Punctuality	5	4	3	2	1
Accepts responsibility	5	4	3	2	1
Communication Skills	5	4	3	2	1
Overall rating	5	4	3	2	1

Comments:

1. Please describe the student's duties in the internship.

2. Did you find the student adequately prepared for this internship position?
Yes No
Please Comment:

3. Will this student continue working for you next semester? Yes No
If yes, how many hours per week? And what is the pay?

4. Would you like to be contacted regarding additional students working in your department? Yes No

5. Can you recommend other departments in your organization that might be interested in receiving information about our Internship Program?

Signature of supervisor _____

Date of evaluation: _____ Phone: _____

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_____ You DO NOT have permission to use comments