INTERNSHIP FINAL EVALUATION FORM

Soka University of America

1 University Drive  Aliso Viejo, CA 92656  Tel: 949-480-4140  Fax: 949-480-4243

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Student’s Supervisor**: Thank you very much for completing this evaluation form for the student. Your evaluation will not only provide important feedback for the student’s professional growth, it will help our office to continue to provide better service to our students. Please evaluate the student’s performance in comparison to your other interns and/or entry-level employees.

|  |  |
| --- | --- |
| How familiar are you with Soka University of America? * 5 - Extremely  4 - Quite  3 - Somewhat  2 - Not very  1 - Not at all

 How often do you have the opportunity to observe the work of this student? * 5 - Very often  4 - Often  3 - Occasionally  2- Rarely  1 - Very rarely

  |  |
| **Please rate the student based on how well they have demonstrated following areas: (**PERFORMANCE SCALE: **4-** *Strongly Agree;* **3 -** *Agree;* **2-** *Disagree;* **1-** *Strongly Disagree;* **N/A** *Not Applicable)*  **COMMUNICATION SKILLS 4 3 2 1**  | **N/A**  |
| Effective verbal communication skills (includes persuasive skills)  |  |  |  |  |  |
| Effective written communication skills  |  |  |  |  |   |
| Ability to interact with people (clients, supervisors, peers, other staff)  |  |  |  |  |  |
| Ability to contribute effectively as a team member  |  |  |  |  |   |
| Intellectual curiosity (ex. asking relevant questions)   |  |  |  |  |   |
| **PLANNING AND EXECUTION**  |  **4**  |  **3**  |  **2**  |  **1**  | **N/A**  |
| Identifying and prioritizing goals  |  |  |  |  |  |
| Planning and organizational skills  |  |  |  |  |   |
| Time management  |  |  |  |  |   |
| Follow through and completion of tasks   |  |  |  |  |  |
| **PROFESSIONALISM**  |  **4**  |  **3**  |  **2**  |  **1**  | **N/A**  |
| Understanding his/her responsibility  |  |  |  |  |   |
| Reliability (ex. being on time and completing tasks on time)  |  |  |  |  |   |
| Quality of work  |  |  |  |  |   |
| Ability to work under stressful conditions  |  |  |  |  |   |
| Respect to organization standards and culture (ex. appropriate attire)   |  |  |  |  |  |
| **LEADERSHIP**   |  **4**  |  **3**  |  **2**  |  **1**  | **N/A**  |
| Self-initiative and motivation  |  |  |  |  |  |
| Willingness to listen and accept feedback  |  |  |  |  |   |
| Encourage and motivate fellow team members  |  |  |  |  |   |
| Goal oriented and maintains high quality of milestones/tasks   |

**Overall, how satisfied are you with this student?**

* 5 - Extremely  4 - Quite  3 - Somewhat  2 - Slightly  1 - Not at all

**Based on your experience with this student, how likely are you to fill positions with other SUA students?**

* 5 - Extremely  4 - Quite  3 - Somewhat  2 - Not very  1 - Not at all

INTERNSHIP FINAL EVALUATION FORM

Soka University of America

1 University Drive  Aliso Viejo, CA 92656  Tel: 949-480-4140  Fax: 949-480-4243

**Supervisor’s overall assessment and/or further comments and suggestions**:

**Supervisor’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Supervisor’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_