Mentor Evaluation of Student-Intern

replace with LOGO

Internship Program
[Coordinator's Name]
[School Name]
[Street Address]
[City, ST ZIP Code]
Phone: [phone] | **Fax:** [Fax]
[Email] | [Website]

Intern's Name: _____

Mentor's Name: _____

Internship Site: _____

Review Period: _____

Ratings

Please rate each category, without regard to the intern's rating in any other category.

Rating Scale: 0 1 2 3 4 5 6 7 8 9 10

Unacceptable ***Average*** ***Excellent***

Performance Category	Rating
a) Attendance & Punctuality	
b) Provides Appropriate Notification when Absent	
c) Follows Directions / Internship Site Rules	
d) Professional Appearance *(clothing - hygiene)*	
e) Cooperation with Supervisors, Mentors and Co-Workers	
f) Maturity, Courtesy and Attitude	
g) Dependability and Trustworthiness	
h) Adapts Well to New Situations	
i) Takes Initiative / Self-Motivated	
j) Works Well Independently	
k) Works Well as a Team Member	
l) Work is Neat and Accurate	
m) Exhibits Concern for Quality of Work	
n) Accepts Constructive Criticism and Guidance	
o) Communicates Effectively / Uses Appropriate Language	

- To help address your intern's strengths and areas in need of improvement, please include comments below.
- Before returning this signed form to the school's Internship Program Coordinator, please review and discuss with your intern.

_____

_____

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Mentor's Signature: _____ **Date:** _____

Please return this completed and signed evaluation form to the school's Internship Program Coordinator by fax, email or postal mail.

Fax: [Fax]

Email: [Email]

Postal Address: [Coordinator's Name]
[School Name]
[Street Address]
[City, ST ZIP Code]