

Student Name _____ Total Hours Worked _____

Supervisor Name _____ E-mail _____ Phone _____

Employing Organization _____

Employer Address _____ City _____ State _____ Zip _____

Internship Title _____

Start Date _____ End Date _____ Pay Rate/Hour _____

Please indicate your evaluation of the intern using the following scale:

1= excellent, 2 = good, 3= fair, 4= improvement needed, 5= satisfactory, na= not applicable

<input type="checkbox"/> Understands job responsibilities <input type="checkbox"/> Follows instructions <input type="checkbox"/> Accepts direction from supervisors <input type="checkbox"/> Learns quickly <input type="checkbox"/> Motivated <input type="checkbox"/> Works well alone once assigned task <input type="checkbox"/> Produces good quantity of work <input type="checkbox"/> Produces good quality of work <input type="checkbox"/> Communicates well with others <input type="checkbox"/> Ability to adapt to a variety of tasks <input type="checkbox"/> Persistence to complete tasks <input type="checkbox"/> Ability to create possible solutions to problems	<input type="checkbox"/> Uses time efficiently <input type="checkbox"/> Works well under pressure <input type="checkbox"/> Trustworthy <input type="checkbox"/> Demonstrates leadership <input type="checkbox"/> Well-liked and respected by co-workers <input type="checkbox"/> Completes work on time <input type="checkbox"/> Well-groomed <input type="checkbox"/> Seeks increased responsibility <input type="checkbox"/> Potential to succeed in a career similar to internship <input type="checkbox"/> Decision-making, judgement, setting priorities <input type="checkbox"/> Enthusiasm for experience <input type="checkbox"/> Ability to plan with and work cooperatively with others
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Please give a brief summary of the internship:

Please retain a copy for your records, and return completed form to:

Laura Jensen | Engineering Intern & Outreach Coordinator | 308.865.8001 | jensenla1@unk.edu | www.unk.edu/engineer

Comments (include separate page if necessary):

General Comments and Feedback about Internship program:

Sign below and return the completed copy to the UNK Physics & Astronomy Department.

On-Site Supervisor's Signature _____ Date _____

Student Copy:

The supervisor is encouraged to discuss this evaluation with the intern before sending the evaluation to the UNK Physics & Astronomy Department. The intern will receive a copy of this evaluation **if** he or she provides an email address below, indicating where the copy can be sent within approximately six weeks following the completion of the internship.

Student's Name _____

Student's Email _____

Please retain a copy for your records, and return completed form to:

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