

EASTERN ILLINOIS UNIVERSITY  
SCHOOL OF TECHNOLOGY

FINAL EVALUATION FORM (Business or Industrial Supervisor)

Intern's Name: \_\_\_\_\_

Cooperating Business or Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(State) (Zip) Phone: \_\_\_\_\_

1. Areas of internship activity:

2. Please mark the appropriate space for each of the following factors: (10 = highest rating)  
(Leave unobserved factors blank)

|                          | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
|--------------------------|----|---|---|---|---|---|---|---|---|---|
| Initiative               |    |   |   |   |   |   |   |   |   |   |
| Dependability            |    |   |   |   |   |   |   |   |   |   |
| Judgment                 |    |   |   |   |   |   |   |   |   |   |
| Resourcefulness          |    |   |   |   |   |   |   |   |   |   |
| Verbal Communication     |    |   |   |   |   |   |   |   |   |   |
| Written Communication    |    |   |   |   |   |   |   |   |   |   |
| Leadership               |    |   |   |   |   |   |   |   |   |   |
| Cooperativeness/Teamwork |    |   |   |   |   |   |   |   |   |   |
| Problem Solving Skills   |    |   |   |   |   |   |   |   |   |   |
| Personality              |    |   |   |   |   |   |   |   |   |   |
| Gets-along with others   |    |   |   |   |   |   |   |   |   |   |
| Technical Skills         |    |   |   |   |   |   |   |   |   |   |
| Technical Knowledge      |    |   |   |   |   |   |   |   |   |   |
| Overall Potential        |    |   |   |   |   |   |   |   |   |   |

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Please identify the intern's greatest strengths:

Please identify any area of knowledge and/or skill needing improvement:

Please make comments about the intern's motivation, attitude, work ethics, ability level, and/or any other evaluative criteria:

Is this the quality of individual you would hope to hire?

Yes    No    No Comment

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Evaluator's Name

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Company or Business

Date