

CMIS 488 INTERNSHIP EVALUATION FORM

To the Student: Complete your portion of this form. Take the form to your internship company supervisor at the end of the semester. Ensure that the form is returned to the CMIS office no later than Friday of the week before final examination week.

Your Name: _____ SSN: _____

Semester (circle one): Fall, Summer, Spring Year: _____

Internship Company: _____

Internship Supervisor: _____

To the Internship Company and Internship Supervisor: This is a request for you to complete your evaluation of the student named above for the student's work this academic term as an intern in your department. Please forward the evaluation by U.S. Mail in a sealed envelope with company letterhead and/or logo. Mailing address: CMIS Department Chair, Campus Box 1106, SIUE, Edwardsville, IL 62026-1106. Thank you for sponsoring this internship.

Please evaluate the student using a 1 to 5 scale where 5 is the highest score and 1 is the lowest score. The numeric evaluations correspond to letter grades of:

- 5=A, outstanding work
- 4=B, above average work
- 3=C, average work
- 2=D, below average work needing improvement
- 1=failing work

| Evaluation Criteria | Score 1 to 5 |
|---|--------------|
| 1. Attendance, timeliness in arriving for work, completed expected number of hours of work. | |
| 2. Quality of work completed. | |
| 3. Quantity of work completed. | |
| 4. Ability to apply learned skills to the internship work environment including the ability to learn new skills and use them successfully on the job. | |
| 5. Appearance in terms of the requirements for dress and deportment within your department. | |
| 6. Overall, I would rate this student's internship performance as: | |

Provide any comments that you deem pertinent to the evaluation. You may also wish to provide recommendations for academic training that you would have liked for this student to have completed prior to the internship. If you need more space, please use the reverse of this form.

Supervisor Signature: _____ Date: _____

Supervisor Name: _____ Work Phone: _____

THANK YOU FOR YOUR SUPPORT OF OUR ACADEMIC PROGRAM!