

Student could function effectively as part of a team:

Low High

Technical proficiency:

Low High

Problem solving ability:

Low High

Written communication ability:

Low High

Oral communication (presentation abilities):

Low High

Safety/Environmental awareness:

Low High

General Comments on Student:

Student Strengths:

Improvement Suggestions for Student:

Overall Student Performance

F	D	C-	C	C+	B-	B	B+	A-	A
<input type="checkbox"/>									

Would you like to participate as an internship employer again next year? ____ Yes ____ No

Comments:

Signatures:

Student: _____ Date: _____
Supervisor: _____ Date: _____
Faculty Advisor: _____ Date: _____
Course Instructor: _____ Date: _____