



Employer Student Intern Appraisal Form

Employer Directions: Please provide an accurate assessment of the following intern. This appraisal is a major component to the overall evaluation of the internship. Thank you for your support and we look forward to working with you in the future.

Intern Name:

Internship Term:

Employer/Organization:

	Poor 1	Fair 2	Good 3	Excellent 4	not applicable
Critical Thinking/Problem Solving					
Oral Communication Skills					
Written Communication Skills					
Teamwork/Collaboration					
Technical Knowledge Related to Job					
Professionalism/Work Ethic					
Ability to Plan, Organize and Prioritize					
Dependability					
Flexibility/Adaptability					
Attendance					
Overall rating					

Comments:

Completed by:

title:

date:

Please return to: Internship Office
Van Hoesen Hall, Room B-5
P.O. Box 2000 SUNY Cortland
Cortland, NY 13045
Fax: 607-753-2937

Questions? 607-753-4715

Thank you for supporting experiential education!