

**Department of Communication Internship Program
EMPLOYER'S EVALUATION REPORT**

To the Employer:

Please have this student's immediate supervisor rate the student based on the following standards. Your judgments and comments will be used by the Internship Coordinator to advise and evaluate the student. Feel free to include as many comments as needed to accurately and completely appraise this person's performance (use the back of the form and/or attach additional sheets if necessary). The supervisor should review this evaluation with the student. Please return the completed form to the coordinator at the address listed on the second page of this evaluation. Please use an "official" envelope and mark it "confidential." (Or FAX it—using an "official" FAX cover sheet.) Do not send this evaluation via the student. Thank you for your cooperation.

To be completed by the student:

Date: _____

Student's Name: _____ SS# _____

Employing Organization: _____

Department: _____

Intern's Job Title: _____

Supervisor's Name: _____ Job Title: _____

To be completed by the Supervisor:

RELATIONS WITH OTHERS

- Exceptionally well accepted
- Works well with others
- Gets along satisfactorily
- Has some difficult working with others
- Works very poorly with others

ATTITUDE-APPLICATION TO WORK

- Outstanding in enthusiasm
- Very interested and industrious
- Average in diligence and interest
- Somewhat indifferent
- Definitely not interested

Please continue evaluation on the next page.

JUDGMENT

- Exceptionally mature
- Above average in making decisions
- Usually makes the right decision
- Often uses poor judgment
- Consistently uses bad judgment

DEPENDABILITY

- Completely dependable
- Above average in dependability
- Usually dependable
- Sometimes neglectful or careless
- Unreliable

ABILITY TO LEARN

- Learns very quickly
- Learns readily
- Average in learning
- Rather slow to learn
- Very slow to learn

QUALITY OF WORK

- Excellent
- Very Good
- Average
- Below Average
- Very poor

ATTENDANCE: Regular Irregular

PUNCTUALITY: Regular Irregular

Overall Performance: POOR FAIR GOOD VERY GOOD OUTSTANDING

What present traits may help or hinder the student's advancement?

Comments on performance or specific incidents to illustrate above appraisal:

Have you discussed this evaluation with the student? Yes No
 Would you be interested in having another Northern Intern? Yes No

I hereby verify that the student has completed the hours required for an academic internship. I am confident that the student has completed this internship in a responsible manner and is worthy of academic credit.

Please indicate the total number of hours completed _____
(3 credit hours = 120 work hours; 6 credit hours = 240 work hours).

Supervisor's Signature _____ Date _____

Please return to: Coordinator of Internship Program
 Department of Communication
 Northern Illinois University
 DeKalb, IL 60115

PHONE: (815) 753-7104
 or PHONE: (815) 753-7107
 FAX: (815) 753-7109
 or FAX: (815) 753-5930