

DIVISION OF VOCATIONAL REHABILITATION (DVR)  
**Internship: Employer Evaluation**

YOUR NAME		COMPANY NAME	
INTERN'S NAME		DATE	INTERN'S POSITION OR ASSIGNMENT

**Part 1. Performance Scale**

Please complete this evaluation at the end of the internship. You are encouraged to discuss the completed form with the intern to aid in their professional development. Please use the scale below to evaluate the intern's performance in the areas below.

1	2	3	4	5	6
Needs more training or education	Performing below expectations	Acceptable performance	Above average performance	Superior performance	Not observed

<b>Workplace Performance:</b>	1	2	3	4	5	6
Attendance and punctuality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal and written communication skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately groomed and dressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability / willingness to accept supervision .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaves in a professional and ethical manner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation and advocacy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative to ask questions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets deadlines and sets priorities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How would you assess the intern's overall performance?**

- Outstanding   
  Above average   
  Satisfactory   
  Below average   
  Unsatisfactory

**Part 2. Optional**

This section gives you the opportunity, as an experienced professional, to make recommendations that would help the intern's professional development.

What do you consider the intern's major strengths to be?

What areas need improvement? What recommendations do you have to better prepare the intern for the workplace (for example, specific training, hard or soft skills acquisition)?

Did the intern meet the specific skills needed for this job (for example, fine and gross motor skills, ability to stay on task without distractions, familiarity with other specific tasks)?

Other comments or recommendations?

Would you be willing to provide any of the following?

- Letter of recommendation   
  Reference   
  Consideration of permanent employment

**Thank you for your time to complete this evaluation!**