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|  |  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 |
| **Workplace Performance:** 1 2 3 4 5 6Attendance and punctuality [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Verbal and written communication skills [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Appropriately groomed and dressed [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Ability to get along with others [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Ability / willingness to accept supervision [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Behaves in a professional and ethical manner [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Self-motivation and advocacy [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Takes initiative to ask questions [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Meets deadlines and sets priorities [ ]  [ ]  [ ]  [ ]  [ ]  [ ] Ability to follow instructions [ ]  [ ]  [ ]  [ ]  [ ]  [ ] **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!** |