

St. Joseph's University
Department of Mathematics/Computer Science
Intern Evaluation Form

Name of Student: _____

Name of Internship Site: _____

Name of Supervisor Completing Form: _____

Please indicate your response:

	Excellent	Very Good	Good	Fair	Poor
Initiative					
Ability to organize oneself					
Ability to communicate					
Ability to follow directions					
Ability to accept constructive criticism					
Ability to work well with others					
Ability to learn from internship					
Dependability					
Overall performance					
Potential for work in this field					

Comments:

Grade assigned: _____

- A = excellent
- B = very good
- C = good
- D = fair
- F = poor

Signature of Supervisor: _____

Title of Supervisor: _____

Date: _____

Please return to:

Dr. Richard A. Cavaliere

St. Joseph's University 5600 City Ave.

Philadelphia, PA 19131