

SCHOOL OF BUSINESS INTERNSHIP PROGRAM - EMPLOYER SUPERVISOR EVALUATION FORM

Date:
Student:
Employer Supervisor Name:
Course #:

Semester/Year:
Student ID:
Organization:
Faculty Sponsor:

*Thank you for taking the time and energy to serve as a site supervisor. Since this evaluation is needed to assign the student's internship grade, please return the form **ASAP** to: sbinfo@maine.edu. You can also mail it to: USM, School of Business, P.O. Box 9300, 113 Luther Bonney, Portland, ME 04104-9300 or fax it to: 780-4662.*

FEEDBACK ON STUDENTS PERFORMANCE

Rating scale: **1 = excellent** 3 = satisfactory 5 = unacceptable
 n/a = not observed or not applicable to work setting

1 2 3 4 5 n/a	verbal communication	1 2 3 4 5 n/a	openness to criticism
1 2 3 4 5 n/a	written communication	1 2 3 4 5 n/a	ethical sensitivity
1 2 3 4 5 n/a	ability to work with others	1 2 3 4 5 n/a	professional appearance and demeanor
1 2 3 4 5 n/a	technology skills	1 2 3 4 5 n/a	ability to work independently
1 2 3 4 5 n/a	judgment	1 2 3 4 5 n/a	ability to seek and use help
1 2 3 4 5 n/a	creativity	1 2 3 4 5 n/a	ability to organize work
1 2 3 4 5 n/a	attitude toward work	1 2 3 4 5 n/a	ability to make and meet deadlines
1 2 3 4 5 n/a	initiative	1 2 3 4 5 n/a	quality of work
1 2 3 4 5 n/a	adaptability	1 2 3 4 5 n/a	productivity
1 2 3 4 5 n/a	dependability	1 2 3 4 5 n/a	professional maturity
1 2 3 4 5 n/a	business knowledge	1 2 3 4 5 n/a	overall performance of the student

FEEDBACK ON THE SCHOOL OF BUSINESS INTERNSHIP PROGRAM

n/a = not applicable or not observed

How satisfied were you with the following?	Very satisfied (1)	Very dissatisfied (5)
Your overall experience with the internship program this semester	1 2 3 4 5	n/a
The process for listing your internship position	1 2 3 4 5	n/a
The process of writing the job description for the position	1 2 3 4 5	n/a
Interaction with faculty supervisor	1 2 3 4 5	n/a
Helpfulness of brochures and materials	1 2 3 4 5	n/a

Please comment on the student's strengths (or attach a letter of recommendation).	How might the student work to improve professionalism?
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May we quote you and use your name/business name on what you liked best about the internship experience?

Yes **No**

Other Comments:

Are you interested in sponsoring another intern in the future? ___ yes ___ no

Possible dates: Beginning _____ Ending _____

If yes, for further details on how you may post your internship go to <https://usm.maine.edu/career-and-employment-hub/usmjobboard-businesspartners>.

Supervisor's signature: _____ **Date:** _____

****Student's signature:** _____ **Date:** _____

****Please Note that if the student is already done with their placement at your organization, you do not have to arrange to get their signature on the form – we will provide them with a copy of their evaluation on your behalf! Thanks!**