















# Final Internship Evaluation

Please return by \_\_\_\_\_

Intern's Name: \_\_\_\_\_

Employment Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please comment on the student's strengths (add sheets if necessary): \_\_\_\_\_

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Please Identify personal or professional areas this student needs to improve (add sheets if necessary):

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Overall Assessment of Student Performance:

- Outstanding
- Better than Average
- Average
- Below Average
- The Student Gained Nothing From the Experience.

**For our information and follow-up, please check all that apply:**

- I would like to employ more interns from the Department of Technology.
- I could employ \_\_\_\_\_ interns per (circle your preference(s)) Year Semester Summer
- I cannot hire more interns because \_\_\_\_\_
- I would like to interview Technology students for a permanent position with my company.

Return completed form to:  
Appalachian State University  
Department of Technology  
PO Box 32122  
Boone, NC 2608-2122  
[www.tec.appstate.edu](http://www.tec.appstate.edu)  
(828) 262-3111



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