

Digital Media Design Internship Evaluation Form

Student Intern's Name

Employer/Firm

Address

Phone

Supervisor (Person completing form)

Title

Internship Start Date:

Internship End Date:

Area of Work (what the intern was doing)

Please provide your assessment of the intern's performance during his/her internship by responding to the following questions. (Check appropriate box)

1. Academic preparation for internship experience.

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2. Motivation and attitude.

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3. Interpersonal skills.

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4. Oral Communication skills.

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5. Written communication skills.

EXCELLENT AVERAGE POOR

Areas of strength:

Areas of weakness:

Signature

Title

Date

Please return to Leslie Najjar lnajjar@cotc.edu. Thank you! Feel free to contact me with any questions. cell 614.230.9917.