

# INTERN EVALUATION NMA INTERNSHIP

for EMPLOYER ONLY

## PURPOSE

This survey is used to help the internship coordinator evaluate and provide the intern with relevant feedback for improvement. Please complete as the student approaches the end of their service hours and discuss the results of this evaluation with your student prior to returning it to the internship instructor.

## RETURN BY

Please complete and return to  
GARGIULO@HAWAII.EDU  
by \_\_\_\_\_

INTERN \_\_\_\_\_

EVALUATOR & TITLE \_\_\_\_\_

## EVALUATION SCALE

| Excellent | Good | Average | Poor | Fail | Terminated | Not Applicable |
|-----------|------|---------|------|------|------------|----------------|
| 5         | 4    | 3       | 2    | 1    | 0          | N/A            |

### How would you rate your:

Intern's design or animation ability? \_\_\_\_\_

Intern's technical ability with software? \_\_\_\_\_

Intern's work ethic? \_\_\_\_\_

Intern's ability to take direction? \_\_\_\_\_

Intern's interpersonal skills and ability to communicate effectively? \_\_\_\_\_

Interns ability to work as part of the team? \_\_\_\_\_

Satisfaction with your intern's overall performance? \_\_\_\_\_

What, if any, are your intern's strengths?

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What, if any, are your intern's weaknesses?

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What, if any, recommendations do you have for your intern?

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Would you consider offering this intern another internship position in the future?

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Based on their performance, how likely would you be to hire this intern as a professional?

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Additional Comments about your intern or our internship program:

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**I verify completion or anticipate the completion of the intern's service hours as committed to via the Student Study Plan and Contract and have discussed the results of this survey with the intern.**

\_\_\_\_\_  
LOCATION SUPERVISOR Digital Signature

\_\_\_\_\_  
Date