



Final Employer Evaluation of Intern

Department of Accounting

Jennings A. Jones College of Business

Student's Name _____ Semester _____ Date _____

Employer _____

Supervisor _____
Please print Supervisor's Signature

(Employers may also attach their own evaluation form or attach an additional page.)

1. Please evaluate the student on the following scales in comparison to other similarly assigned students or personnel,
 OR with respect to achievement of objectives.

	Poor	Marginal	Average	Good	Excellent
A. Interpersonal relations	Not well accepted 1	2	3	4	5 Highly cooperative
B. Kept agreements	Slow 1	2	3	4	5 Very timely
C. Judgment	Poor 1	2	3	4	5 Mature
D. Dependability	Careless 1	2	3	4	5 Highly reliable
E. Learning ability	Slow 1	2	3	4	5 Rapid
F. Quality of work	Poor 1	2	3	4	5 Excellent
G. Punctuality	Irregular 1	2	3	4	5 Regular
H. Ability to teach others	Poor 1	2	3	4	5 Excellent
I. Oral communication skills	Poor 1	2	3	4	5 Articulate
J. Written communication skills	Poor 1	2	3	4	5 Clear writing style
K. Listening skills	Poor 1	2	3	4	5 Excellent
L. Creative problem solving	Poor 1	2	3	4	5 Excellent
M. Knowledge/Skills	Inadequate 1	2	3	4	5 Excellent
N. Knowledge of technology	Inadequate 1	2	3	4	5 Excellent
O. Self-management/initiative	Poor 1	2	3	4	5 Excellent
P. Attitude	Poor 1	2	3	4	5 Excellent
Q. Overall performance	Unsatisfactory 1	2	3	4	5 Outstanding

