



**SCHOOL OF BUSINESS ADMINISTRATION
INTERNSHIP
STUDENT SELF-EVALUATION FORM**

Job Title	Date of Evaluation
Supervisor Name	Title
Employer Work Period	
From: Beginning Date	Ending Date

The purpose self-evaluation is to assist you in thinking about and reflecting on your job performance and academic and professional development during this work assignment. Please complete and return this form to the School of Business Administration Office one week prior to the end of the term.

Excellent
5
Very Good
4
Satisfactory
3
Need Improvement
2
Unacceptable
1

	RATING	COMMENTS
RELATIONS WITH OTHERS		
Ability to communicate with staff		
Ability to communicate with clients		
Ability to work with and for others		
SUPERVISION		
Ability to seek and use help		
Openness to constructive criticism		
Ability to work independently		
PERSONAL QUALITIES		
Decision making		
Trust and confidentiality		
Initiative		
Creativity		
Dependability		
Punctuality		
Personal appearance		
Ability and willingness to learn		
Adaptability		
Adherence to agency rules and norms		
SKILLS		
Verbal communication		
Written communication		
Analyzing problems		
Problem solving		
Organizing/seeing projects to completion		

Personal Development

List your three most important abilities/skills/characteristics that you have developed as a result of this placement.
1.
2.
3.

Job Task Performance

A. List the three or four most important tasks you have performed as part of your job. Then evaluate the performance of each task using the scale below. Write a brief comment explaining your rating on each item.

Excellent Very Good Satisfactory Poor Unsatisfactory
 5 4 3 2 1

	TASK	RATING	COMMENTS
1.			
2.			
3.			
4.			

B. What tasks did you like you like most/least and why?

Learning Goals

List your three most important learning goals for this placement. Comment on your progress to date and if you've encountered any obstacles in reaching your goals.
1.
2.
3.

Please circle your overall self-evaluation rating.

Excellent Very Good Satisfactory Poor Unsatisfactory
 5 4 3 2 1

Program Evaluation

Please Give Us Your Valuable Feedback

A. What academic background or courses have proved valuable in performing this job?

B. What additional course work and/or experience would be helpful in order to improve your success in this or future placements?

C. If continuing in your present position, in what areas would you like to become involved to enhance your learning and career growth?

D. Has this experience affected your educational or career plans? If so, how?

E. Please suggest recommendations that could improve the quality of the internship experience.

F. Salary per month/hour; hours worked per week; gross earning for entire period.

G. Did you have any logistical problem or other problems during your internship assignments?

If you have additional comments, please attach them to this sheet.