



Academy of Science and Technology

Intern Evaluation

Student: _____

Mentor _____

Mentor Title/Position: _____

Evaluation Period: _____ **20 hour** _____ **80 hour**

Please rate the intern on a scale of 1-15 for each factor below. You may add comments in the space at the bottom of the form. Please review the intern's performance with the intern, have the intern sign, and return the form to Dr. Susan Caffery at the Academy of Science and Technology 3701 College Park Drive 77384. You may call at 936-709-3252.

Rating Scale for Performance

Marginal	Acceptable	Satisfactory	Excellent	Superior
1 2 3	4 5 6	7 8 9	10 11 12	13 14 15

<p>Quality of Work _____</p> <p>Degree of accuracy; freedom from error; Thoroughness and reliability in completing assigned duties.</p>	<p>Organization/Time Management _____</p> <p>Ability to effectively handle multiple work assignments and to manage time to accomplish objectives.</p>
<p>Communication _____</p> <p>Listening, written, and oral skills which result in the student being able to effectively express ideas, facts, and data.</p>	<p>Interpersonal Relationships _____</p> <p>Ability to work with others in undertaking work assignments; shows versatility in work relationships.</p>
<p>Attendance/Punctuality _____</p> <p>Regularity and promptness in being at work.</p>	<p>Dependability _____</p> <p>Reliability in carrying out communication and obligations of the position.</p>
<p>Initiative _____</p> <p>Extent to which the student is a self-starter; willingness to undertake self-directed work.</p>	<p>Outlook Towards Responsibility _____</p> <p>Maintains a positive attitude toward all of the required responsibilities of the work.</p>

Overall Evaluation

The overall evaluation should reflect your evaluation of those factors which are most critical to the intern's successful performance in your situation. This is not a score and you may include other relevant information.

Intern's Signature

Date

Mentor's Signature

Date