

Stuart School of Business  
 Career Management Center  
 Illinois Institute of Technology  
 565 W. Adams St., 4<sup>th</sup> Floor,  
 Chicago, IL 60661  
 Ph: 312-906-6555/6542  
 Fax: 312-906-6511

## CURRICULAR PRACTICAL TRAINING (CPT): INTERNSHIP STUDENT EVALUATION

**Completion of this form is required.** Original evaluations must be signed and submitted before continuing an internship. Evaluations must be submitted on or before the last day of the semester. Failure to submit evaluations before the end of the semester may result in a delay in or denial of the internship process for next semester.

If you would like to nominate your employer as an "Outstanding Employer of the Semester", please complete the nomination form (available in the Career Management Center)

**This evaluation will NOT be shared with your employer, so please answer as candidly as possible. Please print legibly!**

This evaluation is for Internship Term:  Fall  Summer  Spring YEAR: \_\_\_\_\_ This is my  1st  2nd  3rd  4th  5th  6th term with this employer.

Date you started working for this company (month/date/year): \_\_\_\_\_

**STUDENT INFORMATION:**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_

Email: \_\_\_\_\_ **STUDENT ID NUMBER** \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

Degree:  MBA  MSF  MMF  MAX  SMGT  MPA  MTE  
 MMS  BS  PhD

Current Mailing Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Phone (Home): (\_\_\_\_\_) \_\_\_\_\_ Phone (Cell): (\_\_\_\_\_) \_\_\_\_\_

How many hours per week did you work:  Part Time (indicate # of hours: \_\_\_\_\_)  Full Time (indicate # of hours: \_\_\_\_\_)

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

**EMPLOYER INFORMATION:**

Company Name: \_\_\_\_\_ Company Phone: (\_\_\_\_) \_\_\_\_\_

Name and Title of Primary Internship Contact at Work Site: \_\_\_\_\_

Name and Title of your Immediate Supervisor, if different from above: \_\_\_\_\_

**EXPERIENCE ASSESSMENT:**

Summarize your responsibilities/duties during this internship work term: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List 3-5 of your most significant accomplishments / achievements during this internship work term: What did you personally accomplish? How did you contribute to your employer's goals?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**EVALUATION OF POSITION:** Please evaluate your work site and internship position below, offering an explanation if necessary.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Explain further, if necessary:
This position provided me with an opportunity to apply what I am learning in the classroom.						

The position helped me develop professional skills related to my degree and field of interest.						
There was an adequate amount of supervision and supervision and support at my worksite.						
The position helped me to clarify my career plans and goals.						
The position helped me to improve my communication skills.						
I was provided with an opportunity to learn about the ethical standards of the profession and industry.						
I would recommend the employer to a fellow student.						

**Please provide an overall evaluation of this semester's internship position:**  Excellent  Good  Satisfactory  Poor  Unsatisfactory

**Explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERFORMANCE SKILLS SELF ASSESSMENT:** The categories below reflect evaluation criteria on the "Employer Evaluation Form." We would like you to evaluate your performance using the same categories as the employer. Please include specific comments, examples and observations to support your ratings.

Using the following scale, please evaluate YOUR performance at your worksite in the areas listed below by checking the appropriate box:

- |   |   |
|---|---|
| 1 – Excellent (the best or one of the best in this category)        | 4 – Poor (lacking in some important aspects or less than satisfactory)      |
| 2 – Good (above average but not excellent)                          | 5 – Unsatisfactory (lack of ability, failure to use it, or any other cause) |
| 3 – Satisfactory (average when compared to others in this category) | NA – not applicable, or no opportunity to use these skills                  |

PERFORMANCE SKILLS	Rating Scale						COMMENTS, EXAMPLES AND/OR OBSERVATIONS
	1 Excellent	2 Good	3 Satis.	4 Poor	5 Unsat.	NA Not Applicable	
<b>VERBAL COMMUNICATION:</b>							
Speaks with clarity and confidence							
Exhibits good listening/questioning skills							
<b>WRITTEN COMMUNICATION:</b> Writes clearly and concisely							
<b>ANALYTICAL ABILITY:</b> Solves problems / makes decisions							
<b>LEARNING / THEORY AND PRACTICE:</b> Learns new material quickly							
<b>TEAMWORK:</b>							
Works effectively with others							
Demonstrates flexibility and adaptability							

<b>TECHNOLOGY:</b> Understands the technology of the industry/discipline.							
<b>SUPERVISION:</b> Responds to feedback and direction from supervisors							
<b>PROFESSIONAL BEHAVIOR:</b>							
Dresses in accordance with work environment							
Exhibits good time management skills							
Behaves professionally with respect to language, boundaries, diversity, etc...							
Punctual/good attendance							
<b>WORK ETHIC:</b>							
Work is of high-quality and appropriate volume							
Shows initiative and is self-motivated							
If in a <b>LEADERSHIP</b> role, please rate: Gives direction, guidance and training							

If you are continuing in this position, what are your learning and/or professional goals for the next internship work term?:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR CAREER SERVICES USE ONLY**

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CMC Checklist:

\_\_\_\_\_ Worked prescribed dates.

\_\_\_\_\_ Submitted Student Evaluation on time.

\_\_\_\_\_ Submitted Employer Evaluation.

\_\_\_\_\_ Received satisfactory or above rating from employer.

Career Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_