The College of New Jersey
Employer's evaluation form

Intern: Please give this form to your immediate supervisor and ask that it be completed before the end of the semester. Also provide your supervisor with contact information for your professor.
Employer: The goal of our internship program is to provide students with meaningful job experiences that include strong mentoring, feedback and supervision. If you wish to discuss our requirements, please contact the Department of Journalism and Professional Writing at 609-771-2895. At the end of the internship, please fill out and then email this completed form to the professor who advises the student. The student will provide the professor's contact information.

Evaluation of Intern

Intern's name _____

Did the student complete 180 hours of work? _____

Please describe the intern's performance on assigned duties.

_____
_____
_____
_____
_____
_____
_____
_____

Please add additional comments you may have, such as any special strengths the student displayed or areas for improvement.

_____
_____
_____
_____
_____
_____
_____
_____

On a scale of 1 to 5, where 1 is poor and 5 is outstanding, how would you rate this intern's performance?

1	2	3	4	5
Poor				Outstanding

Signature of supervisor _____ Date _____