

The Design School
Masters Internship Program

Employer's Intern Evaluation Form

To be completed by host firm supervisor and submitted at the completion of the internship.

Student Name _____ ASU Affiliate ID # _____

Firm Name _____

Supervisor Name _____

Supervisor Email _____

Internship Period (mm/dd/yy-mm/dd/yy) _____

| | | | | | |
|---|-----------|-------|----------------------------------|-----------|-------|
| Evaluate the intern's willingness in performing assigned tasks. | Excellent | _____ | Was intern a help to the office? | Excellent | _____ |
| | Good | _____ | | Good | _____ |
| | Deficient | _____ | | Deficient | _____ |
| | Failing | _____ | | Failing | _____ |

| | | | | | |
|--|-----------|-------|----------------------------|-----------|-------|
| Thoroughness of intern's work (attention to detail and accuracy), and efforts in the office. | Excellent | _____ | Intern's general attitude. | Excellent | _____ |
| | Good | _____ | | Good | _____ |
| | Deficient | _____ | | Deficient | _____ |
| | Failing | _____ | | Failing | _____ |

| | | | | | |
|--|-----------|-------|---|-----------|-------|
| Intern's verbal communications expressing their thoughts and understanding the thoughts of others. | Excellent | _____ | Intern's professional curiosity in questions about office procedures. | Excellent | _____ |
| | Good | _____ | | Good | _____ |
| | Deficient | _____ | | Deficient | _____ |
| | Failing | _____ | | Failing | _____ |

| | | | | | |
|--|-----------|-------|---|-----------|-------|
| Ability of intern to take on assigned responsibilities to the best of intern's capability. | Excellent | _____ | Evaluation of intern's overall performance. | Excellent | _____ |
| | Good | _____ | | Good | _____ |
| | Deficient | _____ | | Deficient | _____ |
| | Failing | _____ | | Failing | _____ |

| | | |
|---|-----------|-------|
| Evaluate the intern's development and progress in technical skills such as drafting, sketching, delineation, etc. | Excellent | _____ |
| | Good | _____ |
| | Deficient | _____ |
| | Failing | _____ |

Additional Comments
(Provide attachment if necessary)

Supervisor Signature and Date _____ **Date** _____

By signing this form I confirm that the intern completed the required hours as stipulated in the Internship Program Overview.

Please return to The Design School at designgrad@asu.edu or at the address below.