



**COLLEGE**  
OF THE  
**FLORIDA KEYS**

### Internship Evaluation Form

Supervisor: Please assess the student in each of the following areas by checking the box which best describes his/her performance. This evaluation is to be completed at both mid-term and end of the employment period. Completed evaluation forms should be forwarded to the Internship Coordinator at careers.internships@fkcc.edu.

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Job Title)

\_\_\_\_\_  
(Employer/Company Name)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Evaluator)

\_\_\_\_\_  
(Term/Year)

	Outstanding	Very Good	Good	Average	Needs Improvement	Not Applicable
Interest in Work						
Quality of Work						
Dependability						
Attitude						
Ability to Learn						
Relations to Others						
Ability to work independently						
Technical Knowledge/Skills						
Punctuality						
Initiative						
Overall Rating						

Would you hire this student again? Why/Why not? \_\_\_\_\_

What are some of the student's strengths? \_\_\_\_\_

\_\_\_\_\_

In what areas of work does the student need to improve? \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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## Internship Program Advisor Site Visit Report

\_\_\_\_\_ Term/Year: \_\_\_\_\_  
Course Prefix Course No. Course Title

Student/Employee: \_\_\_\_\_ Student ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Observations concerning student:

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Observations concerning employer:

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Additional comments:

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\_\_\_\_\_  
CFK Program Advisor Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date