



**Faculty of Science  
Internship Program  
Employer Evaluation Form**

Internship and Field Studies Office  
Faculty of Science  
Burnside Hall Room 720  
Tel: 514-398-1063  
Email: ifso.science@mcgill.ca

Please complete and return this form before the end of the student's internship. Thank you for your participation in McGill University's Internship program.

<b>SUPERVISOR (NAME &amp; TITLE)</b>
<b>COMPANY NAME</b>
<b>STUDENT NAME</b>
<b>START OF INTERNSHIP</b>
<b>END OF INTERNSHIP</b>

<b>Describe the student's responsibilities and tasks:</b>

<b>Was the student's academic and technical background adequate for this job?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Comments:</b>

<b>How would you rate the quality of the student's work?</b>
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<b>How would you rate the quantity of the student's work?</b>
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<b>How would you rate the student's productivity?</b>
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

How would you rate the student's abilities in the following areas?					
E – Excellent	VG – Very Good	G – Good	F – Fair	P –Poor	
	E	VG	G	F	P
Ability to solve problems that he/she faced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take initiative and work autonomously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/planning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with his/her colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written & verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional comments regarding the student's work experience (e.g. areas of strength and/or improvement):**

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**Overall, do you feel the student satisfactorily completed the work term?**

Yes       No

**Are you interested in hiring another intern?**

Yes       No

**Additional comments:**

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Signature

\_\_\_\_\_  
Date