



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

Internship and Field Studies Office
630-2001 McGill College
Montreal, Quebec, H3A 1G1
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.

SUPERVISOR (NAME & TITLE)
COMPANY NAME
STUDENT NAME
START OF INTERNSHIP
END OF INTERNSHIP

Describe the student's responsibilities and tasks:

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

How would you rate the quality of the student's work?
<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 quantity of the student's work?
<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 productivity?
<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):

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

Yes No

Are you interested in hiring another intern?

Yes No

Additional comments:

Signature

Date