

**Penn State Information Sciences & Technology Internship Program
MID-POINT Employer Evaluation of Student and Student Evaluation**

It is mandatory to fill out and submit this form to the IST Internship Program.

Student Name: _____ Option: _____ Student ID Number: _____

Circle one: IST 295B IST 495 Circle one: Fall Spring Summer Year: _____

Employer Name: _____ Employer Location: _____

Section 1: To be completed by the student's supervisor and the student together

In an effort to ensure that the student is receiving feedback from his/her employer throughout the internship assignment, we ask that the supervisor complete this section of the mid-point evaluation and review it with the student.

Rate the student's performance in the following skills using the numerical scale explained below:

5 – Superior; 4 – Very Good; 3 – Good; 2 – Fair; 1 – Poor; NA – Not Applicable

	5	4	3	2	1	NA
Understands and utilizes written and oral communication effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle multiple priorities efficiently and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains a sense of responsibility for a task or project until completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyzes appropriate information. Uses good judgment when developing and evaluating alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed technical ability effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can initiate and convey ideas and gain support from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked independently without constant supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapted to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains commitment to expected productivity levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibited leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please discuss the student's strengths and weaknesses with him/her in conjunction with this review.

Supervisor's signature: _____ Date: _____

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Section 2: To be completed by the student after the above evaluation has taken place. This section does not need to be reviewed with the supervisor.

What aspects of your internship are you most satisfied with?

What aspects of your internship are you least satisfied with?

Are you experiencing any problems than you would like an office representative to call you about immediately? ___Yes ___No
Do you have any concerns that you would like an office representative to call you about immediately? ___Yes ___No

If yes, please provide the best time to call: ___ Day ___Evening Phone # _____

Student Signature: _____ Date: _____