



**Houston Community College
Department of Digital Communications
Intern Evaluation**

Semester: _____ Year: _____

Student Name: _____

Company Name: _____

Supervisor: _____ Telephone: _____

Mailing Address: _____ E-mail: _____

Please provide the following information about the student's internship. All information provided will be confidential and, unless you wish, will only be discussed with the student in general terms. This questionnaire should be emailed back to me directly as an attachment at lloyd.Schuh@hccs.edu. If you have problems with e-mail, you may fax it to me at: 713.718.7990.

Approximate number of hours worked since beginning internship: _____

Duties: _____

Did the student show up on time? _____ Did the student take responsibility for his/her work? _____

On a scale of 1 through 5 with 1 being poor and 5 being excellent please rate the student's work _____

Was the student's appearance business-like and proper for his/her duties: _____

Did the student have the needed skills to complete the assignments? _____ If not, what was needed? _____

Any additional comments that you have regarding the student or his/her work: _____

Signed: _____ Date: _____
(If submitting electronically, just type your name)

May I share this information with the Intern Student? Yes () No ()