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| Firm Name: |  |
| Intern’s Name:  |  |
| Evaluator: |  |
| Internship Dates: |  |
| Internship Position: |  |

**4 = Excellent 3 = Good 2 = Fair 1 = Poor**

|  |  |  |  |  |  |
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|  | 4 | 3 | 2 | 1 | N/A |
| 1. Knowledge appropriate to the field |  |  |  |  |  |
|  2. Skills |   |  |  |  |  |
| Writing skills |  |  |  |  |  |
| Oral communication skills |  |  |  |  |  |
| Technical/Computer skills |  |  |  |  |  |
| Analysis skills |  |  |  |  |  |
| 3. Quality of work performed |  |  |  |  |  |
| 4. Quantity of work performed |  |  |  |  |  |
| 5. Effectiveness as part of team |  |  |  |  |  |
| 6. Reliability |  |  |  |  |  |
| 7. Judgment and decision-making |  |  |  |  |  |
| 8. Adaptability to difficult situations |  |  |  |  |  |
| 9. Leadership qualities |  |  |  |  |  |
| 10. Overall performance |  |  |  |  |  |

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| 11. Was this student generally well-prepared for the internship? |
| Yes:  | **No:** |  |
| If not, in what areas did the intern need more preparation? |
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| 12. Do you have any recommendations for changes in the Department of Accountancy curriculum? |
| Yes:  | **No:** |  |
| If yes, what is your recommendation? |
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| 13. Is there anything else you would like us to know that could strengthen our program and help our students prepare for future careers? |
| Yes:  | **No:** |  |
| If yes, what would that be? |
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| 14. Would your firm have an Accountancy intern from BSU again? |
| Yes:  | **No:** |  |
| If not, why not? |
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| 15. Any other comments or suggestions? |
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| Signature: | **Date:** |

Please return this form to William Graves, Chairperson, Department of Accountancy, Bemidji State University, 1500 Birchmont Drive NE #30, Bemidji, MN 56601-2609. Or, email the document to: wgraves@bemidjistate.edu.