

Employer Internship Evaluation -- Business Administration Department

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

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

| | 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 | | | | | |

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 Business Administration 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?

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| Yes: | No: | |
| If yes, what would that be? | | |
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14. Would your firm have a Business Administration intern from BSU again?

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| Yes: | No: | |
| If not, why not? | | |
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15. Any other comments or suggestions?

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|-------------------|--------------|
| Signature: | Date: |
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Please return this form to:

Chair, Department of Business Administration
 Bemidji State University
 1500 Birchmont Drive NE #30
 Bemidji, MN 56601

Or

email document to:
YoungSeob.Son@bemidjistate.edu

