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|  | **Biotechnology PSM Internship**  ***FINAL* Evaluation Form for Employers** |  |

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| Student Name: | | | Date: |
| Company/Organization: | | | |
| Supervisor: | | | Phone #: |
|  | | | |
| How long was the internship: | Was the internship full- or part-time? | | |
|  | | | |
| Please rate the intern in the following areas, using a scale of 1 – 5 where 1 is poor and 5 is excellent. Please feel free to write additional comments in the feedback section below. | | | |
| **1.** Overall quality of assignments completed: | |  | |
| **2.** Ability to communicate in writing: | |  | |
| **3.** Ability to communicate verbally: | |  | |
| **4.** Attitude and enthusiasm for assignments: | |  | |
| **5.** Aptitude for learning: | |  | |
| **6.** Judgment/decision making: | |  | |
| **7.** Ability to work with others: | |  | |
| **8.** Dependability: | |  | |
| **9.** Professional demeanor: | |  | |
| **10.** Attendance/punctuality: | |  | |
| **11.** Overall performance: | |  | |
|  | | | |
| Additional comments & feedback: | | | |
| Were you satisfied with the intern’s performance? Please describe. | | | |
| How did the intern’s performance improve over the course of the internships? | | | |
| Please use the space below to provide feedback and suggestions to the PSM program on the structure of and the intern’s preparation for the internship: | | | |
| Did any issues arise over the course of the internship?  If yes, where they resolved to your satisfaction? | | | |
| Would you consider this intern for full-time, permanent employment?  Please comment: | | | |
| Would you consider another intern from the PSM program?  Please comment: | | | |

**Please return this form to:** Melinda Duncan, Program Director

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Wolf Hall  
University of Delaware  
Newark, DE 19716

OR email [duncanm@udel.edu](mailto:duncanm@udel.edu)