



CCHS Intern Evaluations

Evaluations should be completed by your employer one time per quarter. As the intern it is your responsibility to schedule these with your supervisor.

Supervisors: It is a good idea to review these with your intern to confirm they are on track with the skill set your industry is looking for.

| | | |
|---|--------------|--------------|
| Student Name: | | |
| Company Name: | | |
| Supervisor's Name: | | |
| EVALUATION: Grading Scale | | |
| 5 = Meets expectations 80 - 100% of the time | | |
| 4=Meets expectations 60 - 80% of the time | | |
| 3= Meets expectations 40 -60% of the time | | |
| 2= Meets expectations 25-40% of the time | | |
| 1= Meet expectations 0 - 25% of the time | | |
| Adaptability | Score | Notes |
| Demonstrate Resilience | | |
| Think Flexibly | | |
| Critical Thinking | Score | Notes |
| Approach difficult challenges creatively | | |
| Explore solutions to complex challenges strategically. | | |
| Communication | Score | Notes |
| Express thoughts and ideas clearly using multiple mediums | | |
| Adjust messages according to the needs of the audience, context, and purpose. | | |
| Leadership | Score | Notes |
| Model behavior that is professional and inspirational. | | |
| Listen to various opinions and empower others. | | |
| Character | Score | Notes |
| Exhibit empathy and inclusiveness of others. | | |
| Demonstrate integrity and accountability through personal, professional, and civic actions. | | |
| Collaboration | Score | Notes |
| Recognize and respect the differences in values that may exist between people from varying social and cultural backgrounds. | | |
| Demonstrate integrity and accountability through personal, professional, and civic actions & understand this teamwork may lead to action for change | | |
| TOTAL SCORE | 0 | |
| PERCENTAGE | 0% | |
| Overall comments: | | |
| Would you like your Internship Coordinator to contact you regarding this student's performance? | | |



Goals

Goals are an important part of an internship. They allow the student to work toward a deeper level of understanding and learning and allow the employer to end the internship with tangible results.

| | | |
|---------------------------|------------------------|--------------|
| Student Name: | | |
| Company Name: | | |
| Supervisor's Name: | | |
| Goals | | |
| | | |
| Goal #1 | Completion date | Notes |
| | | |
| | | |
| | | |
| Goal #2 | | Notes |
| | | |
| | | |
| | | |
| Goal #3 | | Notes |
| | | |
| | | |
| | | |



Internship Reflection

Reflecting Back on the internship experience can help solidify the learning experience. An internship reflection can be as simple as a few written paragraphs overviewing what you, as a student, learned from this experience and what you plan to do with this information in the future. For example, do you plan to seek other opportunities in this field? Did you learn this is not the field for you?

You can also demonstrate this learning in other ways. You can do a presentation of your skills, possibly as a cooking demonstration and answer questions. You could book a time as a Career Connections guest speaker for other students and share your experience. Let us know what other ideas you have to demonstrate and reflect on your experience.

| | | |
|---|------------------------|--------------|
| Student Name: | | |
| Company Name: | | |
| Supervisor's Name: | | |
| | | |
| | | |
| How do you plan to share what you learned? | Completion date | Notes |
| | | |
| | | |
| | | |
| | | |



Student Timesheet: (Note: An employer-provided timesheet or a timesheet photo can substitute for this one.)

| | |
|----------------------|---------------------------|
| Student Name: | Intern Supervisor: |
| Pay Period: | Workplace: |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------|--------|---------|-----------|--------------------------|--------|
| Date: | | | | | |
| Time In: | | | | | |
| Time Out: | | | | | |
| Total Hours: | | | | | |
| Duties Performed: | | | | | |
| | | | | Total # of Hours: | |

Student signature: _____ Date: _____

Workplace supervisor signature: _____ Date: _____

