

## Employer Internship Outcome Evaluation Form

Supervisor:

Intern:

Intern's School:

Start Date:

End Date:

1. Is this current internship program viable for future internship opportunities?

2. Are there any areas of concern that need to be changed in the current program?

3. Did the intern meet all expectations given? Should future expectations be changed?

4. What aspects, if any, need to be added to improve the next internship?