Final Evaluation Form

Wiess School of Natural Sciences
Professional Science Master’s Program Internships
Final Evaluation Form for Employers

Student Name:_______________________________ Date: ____________
Company/Organization: ________________________________________________
Supervisor: _____________________________ Phone #: ______________

Did the intern complete 6 months of full-time work? _____

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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Wiess School of Natural Sciences
Were you satisfied with the intern’s performance? Please describe.

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________________________________________________________________________

How did the intern’s performance improve over the course of the internships?

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________________________________________________________________________

Please use the space below to provide feedback and suggestions to the Prof MS program on the structure of and the intern’s preparation for the internship:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Did any issues arise over the course of the internship? _____________
If yes, where they resolved to your satisfaction?

________________________________________________________________________

________________________________________________________________________
Wiess School of Natural Sciences
Professional Science Masters
Employer Final Evaluation Form (p. 3.)

Would you consider this intern for full-time, permanent employment? __________________
Please comment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Would you consider an intern from the Prof MS program next summer? _____________
Please comment:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

• Please return this form to:
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Prof. Science Master’s Program
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