Carroll Christian Schools
Intern Evaluation Form

Student: _____ Evaluated By: _____ Date: _____

SCALE: 1 = UNACCEPTABLE 2 = NEEDS IMPROVEMENT 3 = SATISFACTORY 4 = VERY GOOD 5 = SUPERIOR

Punctuality (Beginning of day? Breaks?) *Comments:*	**1**	**2**	**3**	**4**	**5**
Motivation (Energetic? Take Initiative?) *Comments:*	**1**	**2**	**3**	**4**	**5**
Attitude Toward Tasks (Responsible? Eager to Serve?) *Comments:*	**1**	**2**	**3**	**4**	**5**
Attitude Toward Supervisor (Respectful? Cooperative?) *Comments:*	**1**	**2**	**3**	**4**	**5**
Quality of Work (Neat? Organized? Thoughtful?) *Comments:*	**1**	**2**	**3**	**4**	**5**
Quantity of Work (Meet your expectations?) *Comments:*	**1**	**2**	**3**	**4**	**5**
Overall Performance *Comments:*	**1**	**2**	**3**	**4**	**5**

Would you be willing to work with CCS again next year with our Internship Program?

_____Yes, we would be willing. _____ No, we would not be interested

Thank you for completing this evaluation! Please mail, scan, or fax this form to the school by March 23, 2021.