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 22, 2019

Carroll Christian Schools
550 Baltimore Blvd., Westminster, MD 21157
Office Phone: 410.876.3838 Fax: 410.876.7766 shahn@carrollchristian.com