

**Lyndon State College Internship Program**

**Final Site Supervisor Evaluation –Part II**

Student Name: Click here to enter text.

Please indicate the strengths and limitations of this student as they relate to his/her future career: Click here to enter text.

If you had a vacancy in your organization calling for an applicant with this student’s credentials, would you hire this student?

Yes  No Comments: Click here to enter text.

Please evaluate the student’s preparation (academic and transferrable skills) for the internship:

Excellent  Above Average  Satisfactory  Unsatisfactory

Other comments: Click here to enter text.

Please evaluate the student’s performance during his/her internship term:

Excellent  Above Average  Satisfactory  Unsatisfactory

Other comments: Click here to enter text.

Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_