

Employer Internship Evaluation -- Business Administration Department

Firm Name:	
Intern's Name:	
Evaluator:	
Internship Dates:	
Internship Position:	

4 = Excellent 3 = Good 2 = Fair	1	L = Poor			
	4	3	2	1	N/A
1. Knowledge appropriate to the field					
2. Skills					
Writing skills					
Oral communication skills					
Technical/Computer skills					
Analysis skills					
3. Quality of work performed					
4. Quantity of work performed					
5. Effectiveness as part of team					
6. Reliability					
7. Judgment and decision-making					
8. Adaptability to difficult situations					
9. Leadership qualities					
10. Overall performance					

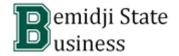
11. Was this student generally well-prepared for the internship?Yes:No:If not, in what areas did the intern need more preparation?

12. Do you have any recommendations for changes in the Business Administration curriculum?

Yes:

If yes, what is your recommendation?

No:



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		ou would like us to know that could strengthen our program and for future careers?
Yes:	No:	
If yes, what w	ould that be?	

14. Would your firm have a Business Administration intern from BSU again?						
Yes:	No:					
If not, why not?						

15. Any other comments or suggestions?	

Signature:

Date:

<u>Please return this form to:</u>

Chair, Department of Business Administration Bemidji State University 1500 Birchmont Drive NE #30 Bemidji, MN 56601

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email document to: YoungSeob.Son@bemidjistate.edu



https://www.bemidjistate.edu/academics/departments/business-administration/placement-careers-internships/