

**Department of Biology
Ball State University
BIO 369, 394, 669, 694 Internship/Practicum in Biology
Student Evaluation Form for Employers**

Please return this form to: Biotechnology Internship Coordinator, Department of Biology, Ball State University, Muncie, IN 47306. Fax: 765/285-8805

Due date of evaluation: _____

Name of Student: _____

Organization sponsoring the internship: _____

An evaluation should be completed following the internship period. Please duplicate this form if more than one professional is supervising the intern.

For each of the following statements circle your answer where 5=strongly agree, 4=agree, 3=undecided, 2=disagree, 1=strongly disagree, 0=not applicable (not able to evaluate)

I am satisfied with the intern's	SA	A	U	D	SD	NA
1. Basic biological skills	5	4	3	2	1	0
2. Ability to follow instructions	5	4	3	2	1	0
3. Level of responsibility	5	4	3	2	1	0
4. Ability to work independently	5	4	3	2	1	0
5. Initiative	5	4	3	2	1	0
6. Ability to apply new skills and abilities	5	4	3	2	1	0
7. Organizational skills	5	4	3	2	1	0
8. Ability to meet deadlines	5	4	3	2	1	0
9. Ability to work with others	5	4	3	2	1	0
10. Work attitude	5	4	3	2	1	0
11. Level of courtesy to others	5	4	3	2	1	0
12. Personal appearance as it is related to job requirements	5	4	3	2	1	0
13. Ability to cooperate with others	5	4	3	2	1	0
14. Positive self-image	5	4	3	2	1	0
15. Ability to adapt to rules and policies of this organization	5	4	3	2	1	0
16. Ability to resolve problems and conflicts	5	4	3	2	1	0

In your opinion, in which areas could the intern improve?

If you had a position open, would you consider hiring the intern as a permanent employee?
Yes _____ No _____ (Why or why not?)

Based on the intern's current performance, would you consider employing another Ball State biology intern? Yes _____ No _____ (Why or why not?)

Other comments about the intern's overall performance?

Thank you for taking time to complete this evaluation. You are encouraged to share it with your intern. If you choose not to, it will be available for the intern to examine at the conclusion of the internship.

Supervisor's signature _____ Date: _____

Please mail report to:

Biotechnology Internship Coordinator
Department of Biology
Ball State University
Muncie, IN 47306
Fax: 765-285-8804