

Missouri Western State University
Department of Chemistry

Responsiveness to Criticism	Excellent	5	4	3	2	1	Poor	N/A
Other Skills Unique to Position								
1.	Excellent	5	4	3	2	1	Poor	N/A
2.	Excellent	5	4	3	2	1	Poor	N/A
3.	Excellent	5	4	3	2	1	Poor	N/A

What are the student's outstanding STRENGTHS? _____

In what areas does the student need IMPROVEMENT? _____

How often did you provide feedback to the intern about his/her work?

Weekly _____ Monthly _____ 1-2 times _____ Never _____

Verification that student has worked a minimum of _____ hours per week at this internship.

Has this report been discussed with the intern? Yes _____ No _____

We would consider hiring this intern for new or vacant positions in the organization. Yes _____ No _____

Comments: _____

 Organization Supervisor's Signature

 Date

 Student's Signature (if jointly completed)

 Date

*Please return to the student or mail to:

Chemistry Internship Director
 Missouri Western State University
 Department of Chemistry
 4525 Downs Drive
 Saint Joseph, Missouri 64507
 chemistry@missouriwestern.edu