

Department of Management
Zicklin School of Business
Baruch College – CUNY

Internship Performance Appraisal From

Student Name: _____

Job Title: _____ **Department:** _____

Organization Name: _____

Supervisor Name: _____

Date: _____ **Semester:** _____

5=Outstanding 4=Above Average 3=Average 2=Below Average 1=Unsatisfactory N/A Not applicable

| | | | | | |
|------------------------------------|----------|----------|----------|----------|----------|
| WORK ATTITUDE | 1 | 2 | 3 | 4 | 5 |
| PROFESSIONAL RELATIONS | 1 | 2 | 3 | 4 | 5 |
| QUALITY OF WORK | 1 | 2 | 3 | 4 | 5 |
| INITIATIVE | 1 | 2 | 3 | 4 | 5 |
| PLANNING AND ORGANIZATIONAL SKILLS | 1 | 2 | 3 | 4 | 5 |
| WRITING ABILITY | 1 | 2 | 3 | 4 | 5 |
| VERBAL ABILITY | 1 | 2 | 3 | 4 | 5 |
| OVERALL EVALUATION | 1 | 2 | 3 | 4 | 5 |

Supervisors' Signature: _____