Directions to Employer Supervisor: This form is designed to help the student understand how his/her performance is perceived. Please meet w/student to discuss your evaluation. The student can then fax to 801/581-5217, e-mail directly to their counselor, or scan and upload in UCareerLink.

Student _____________________________   Career Services Counselor ________________________

SKILLS MASTERY
1. What technical skills does the student contribute to your organization?

2. What personal attributes does the student demonstrate -- e.g., leadership, team player, organizational, work ethic?

UNIVERSITY PREPARATION
3. If you were able to contribute suggestions regarding academic curriculum for students, what would they be?

4. In what way has your company benefited from participating in this Internship Program?

CORPORATE CULTURE
5. Does the student understand the goal of the organization and his/her role in its success?

6. How does the student measure up to existing employee standards? If a job were available when the student graduates, would you offer a full-time position?

7. As an experienced professional in a field related to this student’s area of study, you have valuable insight into what is required to be successful on the job. What advice would you give that would contribute to his/her preparation for a chosen career?

______________________________            _______________________________               ______________
Student Signature         Employer Signature                  Date