

Stuart School of Business
Career Management Center
Illinois Institute of Technology
565 W. Adams St., 4th Floor,
Chicago, IL 60661
Ph: 312-906-6555/6542
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**CURRICULAR PRACTICAL TRAINING (CPT):
INTERNSHIP
EMPLOYER EVALUATION**

Completion of this form is essential:

- For student to receive maximum benefit from the work experience.
- To determine renewal eligibility.

PURPOSE: The Curricular Practical Training (CPT) program extends the student's education beyond the limitations of classroom teaching and curriculum. By providing a structured sequence of progressively challenging lessons learned on assignment and in direct association with practicing members of the profession, students are provided the most comprehensive and professional preparation available.

The individual who supervises the student on internship assignments assumes the important responsibility of guiding student learning as well as assessing their performance, growth, potential and developmental needs. The internship employer thus cooperates with the Stuart School of Business faculty in planning the student's program and in providing guidance to enhance the individual's professional development. The employer assessment information will be used for guidance and instructional purposes and will become a part of the student's career management file. Return the completed original, signed evaluation to the Career Management Center (contact information above).

(Student to complete this section – Please print legibly):

FIRST NAME: _____ **LAST NAME:** _____ **NICKNAME:** _____

STUDENT ID NUMBER: _____

EMPLOYER INFORMATION

Company Name: _____ Company Phone: (_____) _____

Supervisor Name: _____ Email Address: _____

Assignment Location: (Street Address) _____

(City, State Zip) _____

Company Website Address: _____

Student's Position Title: _____

Student's Work Term: 1 2 3 4 5 6

Ending Work-term: Fall Summer Spring YEAR: _____

(Employer to complete all remaining sections - Please print legibly):

COMPLETION OF THIS FORM IS REQUIRED

POSITION DESCRIPTION

Please list the essential functions of your department or work unit:

- _____
- _____
- _____
- _____
- _____

Please list the student's duties and responsibilities:

- _____
- _____
- _____
- _____

PERFORMANCE SKILLS ASSESSMENT – COMPLETION OF THIS FORM IS REQUIRED:

Using the following scale, please evaluate the student in the areas listed below:

- 1 – Excellent (the best or one of the best in this category)
- 2 – Good (above average but not excellent)
- 3 – Satisfactory (average when compared to others in this category)
- 4 – Poor (lacking in some important aspects or less than satisfactory)
- 5 – Unsatisfactory (lack of ability, failure to use it, or any other cause)
- NA – not applicable or no opportunity to observe.

PERFORMANCE SKILLS	Rating Scale						COMMENTS, EXAMPLES AND/OR OBSERVATIONS
	1 Excellent	2 Good	3 Satis.	4 Poor	5 Unsat.	NA Not Applicable	
VERBAL COMMUNICATION:							
Speaks with clarity and confidence							
Exhibits good listening/questioning skills							
WRITTEN COMMUNICATION: Writes clearly and concisely							
ANALYTICAL ABILITY: Solves problems / makes decisions							
LEARNING / THEORY AND PRACTICE: Learns new material quickly							
TEAMWORK:							
Works effectively with others							
Demonstrates flexibility and adaptability							
TECHNOLOGY: Understands the technology of the industry/discipline.							
SUPERVISION: Responds to feedback and direction from supervisors							
PROFESSIONAL BEHAVIOR:							
Dresses in accordance with work environment							
Exhibits good time management skills							
Behaves professionally with respect to language, boundaries, diversity, etc...							
Punctual/good attendance							
WORK ETHIC:							
Work is of high-quality and appropriate volume							
Shows initiative and is self-motivated							
If in a LEADERSHIP role, please rate: Gives direction, guidance and training							

What are the student's greatest strengths?

- _____
- _____
- _____

List the areas where the student needs to improve or where performance was unsatisfactory:

- _____
- _____
- _____

OVERALL EVALUATION

Excellent Good Satisfactory Poor Unsatisfactory

Please explain or offer further assessment, if necessary:

GROWTH AND FUTURE DEVELOPMENT (Please fill in only if the student will continue an internship at your company):

What are your goals for the student for the next internship term?

What suggestions would you make to help the student become more successful?

Do you recommend this student for continued internship employment with your organization? Yes No

If NO, please explain:

Evaluator's Name(s): _____

Evaluator's Position: _____

Evaluator's Signature: _____ Date: _____

Has this report been discussed with the student? Yes No

Student's Signature: _____

Academic Advisor Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR CAREER SERVICES USE ONLY



Career Services Signature: _____ Date: _____

Comments:
