

Employer Internship Progress Form

Report Due: _____

Name of Student: _____ Start Date: _____

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Persons Name and Title: _____

E-mail: _____ Phone: (____) _____

Please give us your comments on the above named student by rating the student on a scale of 1 to 7 with 7 being the highest.

Interns Professionalism	1	2	3	4	5	6	7
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Interns work attitude	1	2	3	4	5	6	7
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Adaptability	1	2	3	4	5	6	7
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Co-worker cooperation	1	2	3	4	5	6	7
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What were the major strengths of this student?

What were the major weaknesses of this student and what would you recommend?

Would you be willing to take another intern in the future?

Yes ___ No ___ (if no, please explain)

Date: _____

Contact Person's Signature

Please complete and either the employer or student scan and email to htm202-302@purdue.edu or mail to: HTM Intership Coordinator, Marriott Hall, Room 135, 900 W. State St., West Lafayette, Indiana, 47907. Note to students, if the employer submits the form, acknowledgement of receipt of this form will be indicated on the HTM 302 Blackboard course site to meet this requirement.