

Brooklyn College Internship Program

EMPLOYER EVALUATION FORM

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Please complete this form and return to the above address (E-mail is fine) as soon as possible.

NAME OF EMPLOYER: _____

NAME OF CONTACT PERSON: _____

PHONE NUMBER: _____

NAME OF STUDENT: _____

1. Has the student come to work on time and on a regular basis? ___yes ___no

2. Approximately how many hours did s/he work as an intern (total # of hours)? _____
Please note that students are expected to work for a minimum of 135 hours in order to receive credits.

3. What were the intern's primary duties?

4. Overall, how satisfied were you with your intern?

___very satisfied ___satisfied ___somewhat satisfied ___slightly satisfied ___not satisfied

5. What, if anything, would you recommend that the intern do to improve his/her performance?

6. What type of company are you? _____

7. I would like to host interns next semester: ___Yes ___No ___Unsure

If you would like to host interns next semester, feel free to attach a detailed description of duties and requirements for each available position.

Signature: _____ Date: _____

Thank you for hosting a Brooklyn College intern.