

California State University
Department of Civil Engineering and Applied Mechanics
Construction Management Technology Program

Student Evaluation Report
Internship Program Employer Evaluation

Dear Student:

The Construction Management Internship Program requests that you evaluate your internship. Your comments and suggestions will keep the program staff and faculty apprised of which experiences provide the best training and learning for students. Please complete this questionnaire and return to the Program Director at the end of your internship.

Completing this form is required or you will not receive a grade for your internship.

You may drop it off at Jacaranda Hall 4507 or mail to:

California State University Northridge
Department of Civil Engineering & Applied Mechanics
18111 Nordhoff St., Suite JD 4507
Northridge, CA 91330-8347

Thank you.

Student Name _____

Company _____

(Please put x next to number in each category)

	Excellent (5)	Good (4)	Average (3)	Below Average (2)	Poor (1)
Orientation					
Quality of Work					
Assignments					
Communication with Superiors					
Acceptance by Co-workers					
Educational Value					
Career Value					
Overall Rating					

Comments:

Employer Evaluation Report

California State University Northridge
Department of Civil Engineering and Applied Mechanics
Construction Management Technology Program
Internship Program Employer Evaluation

To the supervisor of the intern:

Thank you for your participation in the Construction Management Technology Internship Program. This is a valuable experience for both the employer and the student. The Internship Program requires that each student be evaluated at the end of the internship. We would appreciate it if you would complete the following form and return it to us. Please be as candid and complete as possible in describing the student's performance. You are encouraged to discuss this evaluation with the student, although this is not required. For the student who has registered for credit for his/her work, your evaluation is necessary to help the faculty in determining a pass/fail grade for the internship experience. Please mail or fax this evaluation to the Program Director at:

California State University Northridge
Department of Civil Engineering & Applied Mechanics
18111 Nordhoff St., Suite JD 4507
Northridge, CA 91330-8347
FAX: 818-677-5810

If you have questions or wish to discuss this evaluation, please call Dr. Mohamed Hegab at (818) 677-7034 or email mhegab@csun.edu.

Company Name _____

Name of Person completing Evaluation _____

Student Name _____

	Excellent (5)	Good (4)	Average (3)	Below Average (2)	Poor (1)
Ability					
Grasp of ideas/ concepts					
Reliability					
Initiative					
Attitude					
Punctuality					
Accepts responsibility					
Communication Skills					
Overall Rating					

Comments: _____

1. Please describe the student's duties in the internship.

2. Did you find the student adequately prepared for this internship position?

Yes No

Please Comment:

3. Will this student continue working for you next semester? Yes No

If yes, how many hours per week? And what is the pay?

4. Would you like to be contacted regarding additional students working in your department?

Yes No

5. Can you recommend other departments in your organization that might be interested in receiving information about our Internship Program?

Signature of supervisor _____

Date of evaluation: _____ Phone: _____

NOTE: Please indicate below if we can use your comments and/or company name from this evaluation on the Department website.

_____ We have permission to use your comments.

_____ We DO NOT have permission to use your comments