



Student Name: \_\_\_\_\_

Professor's Name: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_

Semester Course Completed: \_\_\_\_\_

This student is applying for a School of Hospitality Internship. Please complete the following evaluation of the student based upon your knowledge of him/her through academic and college-related activities.

1=Needs Improvement, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent

**Area of Evaluation**

Teamwork: Cooperation, flexibility, energy level	1	2	3	4	5
Time Management: On time for class, assignments in on time	1	2	3	4	5
Quality of Work: Attention to detail, thoroughness, effort	1	2	3	4	5
Communication Skills: Verbal, written	1	2	3	4	5
Ability to Follow Directions and Accept Professional Criticism	1	2	3	4	5
Interpersonal Skills and Professional Demeanor	1	2	3	4	5

Additional comments that you feel may assist with this student's internship placement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do not return this form to the student.** Return to: School of Hospitality DIF #80, Pennsylvania College of Technology, One College Avenue, Williamsport, PA 17701