



SCHOOL OF  
**HOSPITALITY AND  
TOURISM MANAGEMENT**  
Spears School of Business

***Student Internship  
Performance Evaluation***

*(Please Print or Type)*

Name of Student Intern: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Telephone# \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Internship Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**Total Hours Worked:** \_\_\_\_\_ **(Please include any paid and unpaid hours)**

Please rate the student on each of the following characteristics. Place a check next to the statement that most accurately describes the performance of this student.

**A. Relationships with Others**

- \_\_\_\_ 1. Very Acceptable (Encourages other employees to perform well and helps reduce conflict.)  
\_\_\_\_ 2. Acceptable (Works well with other employees and does not cause conflict.)  
\_\_\_\_ 3. Not Acceptable (Does not work well with other employees and causes conflict.)

**B. Dependability**

- \_\_\_\_ 1. Very Acceptable (Carries out tasks with less supervision than normal.)  
\_\_\_\_ 2. Acceptable (Carries out tasks with normal supervision.)  
\_\_\_\_ 3. Not Acceptable (Carries out tasks with below normal supervision.)

**C. Quality of Work**

- \_\_\_\_ 1. Very Acceptable (Work is consistently high quality and professional)  
\_\_\_\_ 2. Acceptable (Carries out tasks with normal supervision.)  
\_\_\_\_ 3. Not Acceptable (Quality of work is very inconsistent and unprofessional)

**D. Attitudes towards Work**

- \_\_\_\_ 1. Very Acceptable (Wants to know more about how we do things in our organization.)  
\_\_\_\_ 2. Acceptable (Accepts how we do things in our organization.)  
\_\_\_\_ 3. Not Acceptable (Rejects what we do in our organization.)

**E. Judgment**

- \_\_\_\_\_ 1. Very Acceptable (Always handles problem situations in a manner acceptable to supervisor.)
- \_\_\_\_\_ 2. Acceptable (Occasionally does not handle problem situations as well as supervisor would like.)
- \_\_\_\_\_ 3. Not Acceptable (Frequently does not handle problem situations as well as supervisor would like.)

**F. Communication Skills (Oral)**

- \_\_\_\_\_ 1. Very Acceptable (Outstanding skills, clearly communicates ideas, directions, and opinions)
- \_\_\_\_\_ 2. Acceptable (Uses proper grammar and language with the others)
- \_\_\_\_\_ 3. Not Acceptable (Frequently does not use proper grammar and language or has difficulty Communicating with others.)

**G. Communication Skills (Written)**

- \_\_\_\_\_ 1. Very Acceptable (Outstanding skills, clearly communicates ideas, directions, and opinions)
- \_\_\_\_\_ 2. Acceptable (Uses proper grammar and language in written material)
- \_\_\_\_\_ 3. Not Acceptable (Frequently does not use proper grammar and language or has difficulty demonstrating acceptable writing skills.)

**H. Knowledge of Hospitality Operations and Systems**

- \_\_\_\_\_ 1. Very Acceptable (Demonstrates a very high level of knowledge and understanding.)
- \_\_\_\_\_ 2. Acceptable (Demonstrates a typical level of knowledge and understanding for the position.)
- \_\_\_\_\_ 3. Not Acceptable (Does not demonstrate knowledge and understanding of hospitality operations.)

**I. Customer Service**

- \_\_\_\_\_ 1. Very Acceptable (Consistently demonstrates outstanding customer service, goes the extra mile)
- \_\_\_\_\_ 2. Acceptable (Provides customer service standards as directed in our organization)
- \_\_\_\_\_ 3. Not Acceptable (Does not meet the service standards as directed in our organization.)

**J. Absenteeism**

- \_\_\_\_\_ 1. Is not a problem with the student? (Acceptable)
- \_\_\_\_\_ 2. Is a problem with the student? (Unacceptable)

**K. What are the outstanding attributes of this student?**

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**L. Describe any problems the student encountered in the work environment:**

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**M. What areas does this student need to improve most?**

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**N. (Optional) Would you hire this student? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If no, please explain why:** \_\_\_\_\_

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**O. Have you discussed this evaluation with the student? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please make any other comments you feel would be helpful to the department faculty in aiding this student to develop proper skills for working in the Hospitality and Restaurant Industry:**

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**Name of Evaluator:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send completed evaluation to:  
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