



Mississippi University for Women  
Culinary Arts Institute

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**MID-POINT INTERNSHIP EVALUATION**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Business/Sponsor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Has the student completed the 240 clock hours required for this internship? \_\_\_\_\_

**Please rate the intern's performance on each of the following**

**1 = Poor    3 = Average    5 = Excellent**

1. How well does the student's training fit the needs of this position?    1 2 3 4 5  
Comments: \_\_\_\_\_

2. How closely does the student follow directions?    1 2 3 4 5  
Comments: \_\_\_\_\_

3. How well does the student take initiative?    1 2 3 4 5  
Comments: \_\_\_\_\_

4. How well does the student accept responsibility?    1 2 3 4 5  
Comments: \_\_\_\_\_

5. How well does the student conduct him/herself professionally?    1 2 3 4 5  
Comments: \_\_\_\_\_

6. In what areas did this student excel? \_\_\_\_\_  
\_\_\_\_\_

7. In what areas does this student need improvement? \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Please mail or fax this completed form to: MS University for Women, Culinary Arts Institute, 1100 College Street MUW 1639, Columbus, MS 39701-5800  
Fax: (662) 241-7627