Electrical and Computer Engineering Program

Internship Program

Evaluation Form

(Must be completed by the supervisor)

Organization Name:

Name of the Intern(s):

Project Scope or Title:

1. Did this project meet you and your team’s expectations? How so, or how not?
2. How would you describe what was accomplished, and how did this help your organization?
3. Any comments about the quality of the interns' work on this project?
4. Will it be ok to quote you in our promotional materials?  ☐ Yes ☐ No
5. Will it be ok to share feedback with other potential intern(s)? ☐ Yes ☐ No
6. Are you interested to receive more information about new interns? ☐ Yes ☐ No

Contact information of the supervisor:

Name:

Title:

Organization:

Address:

Email:

Phone:

Please return to Dr. Farid Farahmand via

Email at:**farid.farahmand@sonoma.edu**