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|  | **Biotechnology PSM Internship*****Interim* Evaluation Form for Employers** |  |

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| Student Name: | Date: |
| Company/Organization:  |
| Supervisor: | Phone #:  |
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| Is the intern working on a project or performing work identified in the *Internship Definition Document*?  |
| Yes:  | No: |
| Please describe the project and/or your intern's responsibilities *if different from planned responsibilities*:  |
| On a scale of 1 – 5, where 1 is low and 5 is very high, please rate your level of satisfaction in the intern’s performance level: |
| 1: | 2: | 3: | 4: | 5: |
| Comments & Feedback (please use this space to address any issue that need to be resolved): |

**Please return this form to:** Melinda Duncan, Program Director

Department of Biological Sciences
Wolf Hall
University of Delaware
Newark, DE 19716

 OR email duncanm@udel.edu