

PLEASE FORWARD COMPLETED FORM TO SHARON COMBLO

**Briarcliff High School  
Senior Internship Program**

**Mentor Final Evaluation**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mentor** \_\_\_\_\_

**Internship** \_\_\_\_\_

Use the space below to comment on the students' progress throughout the internship. Indicate whether the intern completed all of the requirements of the internship program by checking the appropriate statement below.

\_\_\_\_\_ Student completed all requirements of the internship program

\_\_\_\_\_ Student did not complete the requirements of the internship program.

**Mentor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_