

EMPLOYER OBSERVATION #2: PGM INTERNSHIP
Professional Golf Management Student Co-op Internship Program
The Ohio State University
Columbus OH 43210

Employer: Please remember the work experience activities you received with the “Statement of Understanding” must be completed while the student is in your employ and the completed Level 1 checklist must be submitted with this observation form. Thank you.

Student Intern’s Name: _____

Golf Facility Name: _____

Supervisor’s Name: _____

Phone: _____ Date: _____

Was the length of the internship adequate to the needs of your facility?

Did the intern complete the assigned Work Experience Activities? How would you rate the quality of their work?

How would you rate the following areas of your student intern? Initiative, Punctuality, Communication skills, Responsibility, Overall Performance?

If you had to assign a grade to this intern, what would you give them? Why?

Would you recommend your intern to another employer? Why or why not?

Would you be interested in having another intern from the OSU PGM Program? Why or why not?

RETURN TO:

TIM KERR
INTERNSHIP COORDINATOR
PROFESSIONAL GOLF MANAGEMENT PROGRAM
335G HOWLETT HALL
2001 FYFFE COURT
COLUMBUS OH 43210