F117 Student & Career Center

EMPLOYER/SUPERVISOR INTERNSHIP EVALUATION FORM

This form is to be completed and signed after the conclusion of the internship. Please feel free to attach an additional page if insufficient space is provided for your responses to any of the following items.

mulating this form, places return it to the student in a sealed envelone, signed along the sealed part

	GENERAL I	NFORMAT	ION						
Student's Name and Surname			Employer's Name and Surname						
Company / Institution									
Employer's Phone Number			Emplo	yer's	E-ma	ail			
Date of the first and last day of the internship			Total number of working days						
Please evaluate the student on the followi	NLUATION O				cnoct	to 20	hiov	amont of phiasticas	
		-			-		meve	ement of objectives	
(scale: 1-po	oor; 2-fair; 3-	average; 4	-gooa	; 5- ex	cene	nt)			
Interpersonal relations	Not well	accepted	1	2	3	4	5	Highly cooperative	
Punctuality in completing assignments		Slow	1	2	3	4	5	Very timely	
Judgment		Poor	1	2	3	4	5	Mature	
Dependability		Careless	1	2	3	4	5	Highly reliable	
Learning ability		Slow	1	2	3	4	5	Rapid	
Quality of work		Poor	1	2	3	4	5	Excellent	
University prepared student for this experience		Poor	1	2	3	4	5	Excellent	
Overall performance		Poor	1	2	3	4	5	Excellent	
OFNED AL OUTST	01/5 DE 61 D	DING STUD			5001		.		
GENERAL QUESTION Briefly describe the student's strengths an				PEK	rUKI\	MAN	,E		
bliefly describe the student's strengths an	u/oi weak w	ork mabits.							



F117	Student & Career Center
Would you recommend the student to pursue a career related to this experience?	YES NO
Would you supervise this intern again?	YES NO
Would your institution host this intern again?	YES NO
Would you recommend this student to other organizations?	YES NO
Has this evaluation been discussed with the student? YES NO If any, please provide your comments and suggestions regarding the internship in general.	o program and / or intern(s)
Signature: (If poss	sible) Stamp:
Date: / / 20	