**FACULTY OF ……………………….**

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| --- | --- |
| Full Name of the Internship Student |  |
| Name of the Place of Internship (Institution/Organization) |  |
| Department/Division of Internship |  |
| Full Name of the Internship Supervisor |  |
| Telephone and E-mail Address of the Internship Supervisor |  |
| Internship Start-End Date |  |

This form has been prepared to find out your opinions about our student who has performed their internship at your institution/organization. Your evaluation will guide us to contribute to our student’s progress. We kindly request that the criteria that are not applicable to the student’s internship are skipped. Thank you for your time and consideration.

**Scale: 1- Very Poor 2- Poor 3- Fair 4- Good 5- Very Good**

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| **EVALUATION CRITERIA** |
| 1. Abidance by the rules at the place of internship
 | **1** | **2** | **3** | **4** | **5** |
| 1. Complete and on-time delivery of work
 | **1** | **2** | **3** | **4** | **5** |
| 1. Motivation and willingness to learn
 | **1** | **2** | **3** | **4** | **5** |
| 1. Sense of mission and responsibility
 | **1** | **2** | **3** | **4** | **5** |
| 1. Inclination to teamwork and communication
 | **1** | **2** | **3** | **4** | **5** |
| 1. Adherence to instructions
 | **1** | **2** | **3** | **4** | **5** |
| 1. Ability to take initiative, bring forward proposals, think critically, and the level of self-confidence
 | **1** | **2** | **3** | **4** | **5** |
| 1. Written and verbal communication skills
 | **1** | **2** | **3** | **4** | **5** |
| 1. Level of knowledge in the professional field and ability to put that knowledge into practice
 | **1** | **2** | **3** | **4** | **5** |
| 1. Possibility of the internship student to be employed by your institution/organization after graduation
 | **1** | **2** | **3** | **4** | **5** |

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| **ADDITIONAL COMMENTS (IF ANY):** |
| **SIGNATURE OF INTERNSHIP SUPERVISOR AT THE PLACE OF INTERNSHIP** | **SEAL** |
|  |  |

***Please sign and enclose this form*** *before you hand it over to our student. Thank you for your concern.*