

INTERN ASSESSMENT FORM

Name of Intern :

Date of Start of Internship :

Date of End of Internship :

Duration of Internship (in workdays) :

Organisation where internship was completed :

Name and Position Title of the supervisor of the intern at the organisation:

Signature :

Dear Sir/Madam,

Please take a moment to briefly evaluate the performance of the student mentioned above, who worked as an intern in your organisation, based on the assessment criteria listed below.

We appreciate your contribution and offer our kind thanks to you and to your organization.

1. THE INTERN HAS FULFILLED THE ASSIGNED DUTIES AND TASKS.

I completely agree [] I partially agree [] I completely disagree [] I do not know []

2. THE INTERN HAS ADAPTED TO THE WORK ENVIRONMENT.

I completely agree [] I partially agree [] I completely disagree [] I do not know []

3. THE INTERN SHOWED SINCERE EFFORTS TO IMPROVE HIS/HER TECHNICAL KNOWLEDGE.

I completely agree [] I partially agree [] I completely disagree [] I do not know []

4. THE INTERN WAS SUCCESSFUL IN ORAL AND WRITTEN COMMUNICATION WITH OTHER EMPLOYEES

I completely agree [] I partially agree [] I completely disagree [] I do not know []

5. THE INTERN CAME TO THE WORKPLACE REGULARLY AND TIMELY

I completely agree [] I partially agree [] I completely disagree [] I do not know []

6. THE INTERN WORKED HARD TO BE USEFUL TO OUR ORGANISATION.

I completely agree [] I partially agree [] I completely disagree [] I do not know []

7. Here you may write your other opinions and views about the intern and your suggestions and advice in general to internship candidates in your institution. Please use the back of this page if needed.