

## INTERNEE EVALUATION FORM

**Internee Name:** \_\_\_\_\_

**Department(s) Interned at:** \_\_\_\_\_

Please rate the student intern on each of the following categories.

### **Professional Qualities**

<b>Evaluation form key</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Not Applicable</b>
Establishes relationship with supervisor					
Establishes link with staff					
Communicates well					
Seeks new knowledge					
Shows initiative					
Manages time well					
Produces accurate reports/records					
Demonstrates adequate knowledge					

### **Personal Qualities**

<b>Evaluation form key</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Not Applicable</b>
Is punctual					
Is confident					
Accepts Constructive Criticism					
Attitude towards work					
Dresses Professionally					
Behaves in responsible manners					

Will you see this student for a full time position at your organization if you will have opportunity in future?

Yes  No

Other Comments, if any:

\_\_\_\_\_  
\_\_\_\_\_

I certify that \_\_\_\_\_ (internee name) has completed \_\_\_\_\_ weeks' internship.

**Evaluated by:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**Signed & stamped:** \_\_\_\_\_

*The information provided shall be treated as highly confidential and would be placed in the student record maintained by the Executive Development Centre at SZABIST.*