

INTERNSHIP EVALUATION FORM

Important note: Dear supervisors, please evaluate student's internship performance based on the criteria given below. Your evaluations are of great importance to our faculty.

STUDENT'S

NAME - SURNAME :

DEPARTMENT :

STUDENT NUMBER :

B. INTERNSHIP EVALUATION REPORT (To be filled out by supervisors)

Note: Please evaluate student's performance based the following criteria on a scale of one (poorest performance) to ten (best performance).

Evaluation criteria	1	2	3	4	5	6	7	8	9	10
1. Technical (Professional) knowledge about the job										
2. Ability to use technical (Professional) knowledge										
3. Motivation towards work										
4. Job performance										
5. Ability to manage working time										
6. Tendency toward teamwork										
7. Responsibility toward work										
8. Ability to work neat and orderly										
9. Leadership ability										
10. Communication ability to with colleagues and customers										
Toplam Puan										

A. ATTENDENCE CHECKLIST (Tobe filled out by supervisors)

Days/Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JUNE																																
JULY																																
AUGUST																																
SEPTEMBER																																

Note: Please check the dates of attendance to work with an X.

Supervisor

Name and Surname:

Position:

Signature:

Department Head

Name and Surname:

Position:

Signature: