

 **Feedback Form of the Intern Student**

 **INDUSTRY SUPERVISOR INFORMATION**

NAME: JOB TITLE:

ORGANIZATION’S NAME: PHONE NUMBER:

EMAIL ADDRESS:

 **INTERNSHIP INFORMATION**

STUDENT’S NAME:

STARTING DATE (DD/MM/YYYY): COMPLETION DATE (DD/MM/YYYY):

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|   **ABOUT THE INTERN STUDENT** |
| 1. Please evaluate this student based on the following items by checking the appropriate boxes.  | **Excellent** |  **Very Good** | **Satisfactory**  | **Needs improvement** | **Unsatisfactory** |
|  a | Punctuality of the intern student |  |  |  |  |  |
| b | Professional behavior of the student |  |  |  |  |  |
| c | Effectively performed assignment |  |  |  |  |  |
| d | Oral communication skills |  |  |  |  |  |
| e | Written communication skills |  |  |  |  |  |
| f | Quality of work |  |  |  |  |  |
| g | Ability to work with others |  |  |  |  |  |
| h | Ability to adapt to a variety of tasks  |  |  |  |  |  |
| i | Decision-making setting priorities  |  |  |  |  |  |
| J | Reliability and dependability |  |  |  |  |  |
| k | Attention to accuracy and details  |  |  |  |  |  |
| l | Demonstrated critical thinking and problem solving skills |  |  |  |  |  |
| m | Making and meeting deadlines |  |  |  |  |  |
| n | Seemed interested and in and enthusiastic about the internship experience  |  |  |  |  |  |
| o | Willing to ask for help and guidance  |  |  |  |  |  |

2. Describe the ways in which the intern’s performance benefited your organization

3. What do you consider to be the intern’s strengths?

4. In what areas does the intern student need to improve?

5. Overall, how do you rate your experience with this intern **Excellent Good Average Poor**

**SUPERVISOR’S SINGNATURE (with Official Seal)** **Date**