



### STUDENT SELF-EVALUATION OF INTERNSHIP

(Without this form, you cannot receive credit for your internship)

Student's Name:		Academic Year:
Department :		Registration Number:
Degree program:		Index Number:
Email:	Contact No:	Starting date : Completion date :
Name of Internal Internship supervisor:		

Name of Company/Organization:	Address:
Contact No:	Email:

Please respond to the following questions regarding your internship experience. The purpose of this form is to provide opportunity for an honest appraisal of the internship program.  
Please rate the following aspects of your internship placement on the basis of this scale:  
(1) No Observation, (2) Poor, (3) Fair, (4) Good, (5) Excellent

#### PART ONE: INSTITUTIONAL REVIEW

Aspects	Rating Scale				
▪ Work experience relates to my career goals	1	2	3	4	5
▪ Adequacy of employer supervision	1	2	3	4	5
▪ Helpfulness of supervisor	1	2	3	4	5
▪ Acceptance by fellow workers	1	2	3	4	5
▪ Opportunity to use my knowledge	1	2	3	4	5
▪ Opportunity to develop my human relations skills	1	2	3	4	5
▪ Provided levels of responsibility consistent with my ability and growth	1	2	3	4	5
▪ Opportunity to develop my communication skills	1	2	3	4	5
▪ Opportunity to develop my creativity	1	2	3	4	5
▪ Cooperativeness of fellow workers	1	2	3	4	5
▪ Opportunity to solve problems	1	2	3	4	5
▪ Opportunity to develop critical thinking skills	1	2	3	4	5
▪ Provided orientation to the organization	1	2	3	4	5
▪ Offered feedback on my progress and abilities	1	2	3	4	5
▪ Made it a learning experience for me	1	2	3	4	5

**PART TWO: PERFORMANCE REVIEW**

Please rate your performance by checking the box that corresponds to the assessment of your performance in the current internship.

**WORK RELATED PERFORMANCE**

- Work attitude (ex. Initiative, enthusiasm)
- Academic preparation
- Problem-solving ability
- Adaptability
- Overall attendance
- Progress towards learning goals

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**ORGANIZATIONAL SKILLS**

- Time management skills
- Planning skills

1	2	3	4	5
1	2	3	4	5

**RELATIONSHIPS WITH OTHERS**

- Willingness to cooperate with co-workers
- Ability to work with supervisor
- Acceptance of constructive comments
- Ability to take direction

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**COMMUNICATIONS SKILLS**

- Oral communication skills
- Written communication skills
- Listening skills

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**OVERALL RATING**

1	2	3	4	5
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|--|--|-----|--------------------------|-----------|--------------------------|-----------|--------------------------|-----|--------------------------|----|--------------------------|-----------|--------------------------|-----|--------------------------|----|--------------------------|-----------|--------------------------|-----|--------------------------|----|--------------------------|-----------|--------------------------|-----|--------------------------|----|--------------------------|-----------|--------------------------|
| <ul style="list-style-type: none"> <li>• The overall quality of supervision was sufficient</li> <li>• The internship was challenging and practical</li> <li>• The internship helped bridge the gap between theory and application</li> <li>• The work climate was positive and productive</li> <li>• Would you recommend this organization to other students?</li> </ul> | <table border="0"> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td><td>Uncertain</td><td><input type="checkbox"/></td></tr> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td><td>Uncertain</td><td><input type="checkbox"/></td></tr> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td><td>Uncertain</td><td><input type="checkbox"/></td></tr> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td><td>Uncertain</td><td><input type="checkbox"/></td></tr> <tr> <td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td><td>Uncertain</td><td><input type="checkbox"/></td></tr> </table> | Yes | <input type="checkbox"/> | No        | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> |
| Yes  | <input type="checkbox"/>   | No  | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |
| Yes  | <input type="checkbox"/>   | No  | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |
| Yes  | <input type="checkbox"/>   | No  | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |
| Yes  | <input type="checkbox"/>   | No  | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |
| Yes  | <input type="checkbox"/>   | No  | <input type="checkbox"/> | Uncertain | <input type="checkbox"/> |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |     |                          |    |                          |           |                          |

Student Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

*Please return the completed form to corresponding internship supervisor of your department*

Internal Internship Supervisor Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_