**SELF-EVALUATION FORM**

This form is intended to assist you in self-evaluating your performance. You should complete this form and submit it to your faculty supervisor at the end of the internship.

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| **Student information** |
| Student name |  | Student ID |  |
| Department |  | Professor |  |
| Company |  | Supervisor |  |
| Work term start date |  | Work term end date |  |
|  |

|  |
| --- |
| **Internship information** |
| Host organization |  |
| Total working hours |  |
| Assigned projects |  |
| Daily responsibilities |  |
| Skills practiced during the internship |  |
| New skills developed during the internship |  |
| Theories tested/applied during the internship |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation** | **Not acceptable** | **Needs improvement** | **Satisfactory** | **Good****(top 30%)** | **Excellent****(top 10%)** |
| Attendance |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Professional attitude and behavior |  |  |  |  |  |
| Time management |  |  |  |  |  |
| Ability to learn |  |  |  |  |  |
| Fulfillment of work objectives |  |  |  |  |  |
| Quality of work |  |  |  |  |  |
| Initiative/innovation |  |  |  |  |  |
| Ability to communicate |  |  |  |  |  |
| Teamwork |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Adaptability |  |  |  |  |  |
| Appropriate response to feedback |  |  |  |  |  |
| Independent judgment |  |  |  |  |  |
| Organizational fit |  |  |  |  |  |

**Other feedback and comments**

1. How relevant/helpful are the preparatory materials/training course to your internship?

2. How relevant is the internship to your professional development goals?

3. What aspect(s) of the internship are you most satisfied with? Why?

4. What aspect(s) of the internship are you least satisfied with? Why?

5. Do you have any comments or suggestions on the internship experience?

Student name**** Signature ****

Date ****