**FINAL EVALUATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student information** | | | |
| Student name |  | Student ID |  |
| Department |  | Professor |  |
| Course |  | Date |  |
| Supervisor |  | Internship position |  |

|  |  |
| --- | --- |
| **Internship information** | |
| Host organisation |  |
| Total working hours |  |
| Assigned projects |  |
| Daily responsibilities |  |

**Guidelines**

Please rate the student in each of the following sections using the scale below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not acceptable** | Needs improvement | Satisfactory | Good  (top 30%) | Excellent  (top 10%) |
| Please provide constructive feedback and examples | Below expectations Please provide constructive feedback | Meets minimum requirements | Surpasses expectations | Shows high competence |

**Professional competencies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not acceptable | Needs improvement | Satisfactory | Good  (top 30%) | Excellent  (top 10%) |
| Attendance |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Professional attitude and behavior |  |  |  |  |  |
| Time management |  |  |  |  |  |
| Ability to learn |  |  |  |  |  |
| Fulfilment of work objectives |  |  |  |  |  |
| Quality of work |  |  |  |  |  |
| Initiative/innovation |  |  |  |  |  |

**Personal competencies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not acceptable | Needs improvement | Satisfactory | Good  (top 30%) | Excellent  (top 10%) |
| Ability to communicate |  |  |  |  |  |
| Teamwork |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Adaptability |  |  |  |  |  |
| Appropriate response to feedback |  |  |  |  |  |
| Independent judgement |  |  |  |  |  |
| Organisational fit |  |  |  |  |  |

**Comments**

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| --- |
|  |

**Evaluator’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_