

INTERNSHIP EVALUATION FORM

The Student's

Name-Surname :

.....

Internship Field :

.....

Internship Duration :

.....

Internship Start-End Dates :

.....

Coordinating Instructor Name-Surname :

(Please leave blank)

The Organisation's

Name :

Address :

Phone No :

e-mail :

Fax No :

Training Personnel Name-Surname :

.....

Dear Workplace Official,

Please carefully complete the table below in order to determine the knowledge and skills of the student who has completed their term at your workplace within the scope of the internship and industry-based education programme, the degree to which they have benefited from the internship, and the qualities of their relationships and behaviour.

Evaluation Table

Characteristics	Evaluation				
	Very Good (100-85)	Good (84-65)	Average (64-39)	Pass (40-30)	Unsatisfactory (0-29)
Interest in Work					
Definition of the Task					
Ability to Use Tools and Equipment					
Perceptive Ability					
Sense of Responsibility					
Working Speed					
Skill in Using Appropriate and Sufficient Materials					
Efficient Use of Time					
Problem-Solving Ability					
Communication					
Compliance with Rules					
General Evaluation					
Aptitude for Teamwork					
Desire for Self-Improvement					

Please code the Evaluation section as: Very Good (A), Good (B), Average (C), Poor (D), Unsatisfactory (E).

Name-Surname :

Signature :

INTERN STUDENT ATTENDANCE TRACKING CHART

THE STUDENT'S

Name-Surname:

Number:

Day No	Date	Work Performed
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	/...../.....	

The student whose identity is written above performed an internship at our organisation for a total of working days, from/...../..... to/...../.....

Authorised Person Carrying Out the Evaluation
(Name-Surname, Seal and Signature)