



# INTERN'S EVALUATION FORM

(For Non-Engineering Students)

Intern's Name: \_\_\_\_\_ AU Student's ID: \_\_\_\_\_

Intern's Degree Program: \_\_\_\_\_ Class/ Batch: \_\_\_\_\_

Organization's Name & Branch: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Starting date of Internship: \_\_\_\_\_ Ending date of Internship: \_\_\_\_\_

Official timing during the internship: \_\_\_\_\_ No. of Absentees (If Any): \_\_\_\_\_

Total no. of weeks of Internship: \_\_\_\_\_

1. Please evaluate the performance elements of the intern. Evaluate all factors indicated below by **ENCIRCLING** the appropriate number on the scale given below and by commenting where appropriate.
2. Please do not disclose this information to the students and submit this evaluation form directly to the Air University at the address: **The Office of Placement & Alumni Affairs, Air University, PAF Complex, E-9, Islamabad. Phone#: 051-915381-2** or email us at [placement@au.edu.pk](mailto:placement@au.edu.pk)

## Rating System

1= Unsatisfactory    2= Needs Improvement    3= Satisfactory    4= Excellent    5= Outstanding

### Professional Qualities:

Able to complete given assignments efficiently	1	2	3	4	5
Able to complete given assignments effectively	1	2	3	4	5
Able to work with others (as part of a team)	1	2	3	4	5
Ability to learn new techniques	1	2	3	4	5
Punctuality and attendance	1	2	3	4	5
Ability to approach work with a positive attitude	1	2	3	4	5
Ability to ask appropriate questions to seek clarification	1	2	3	4	5

### Personal Qualities:

Reliability and dependability	1	2	3	4	5
Verbal communication skills	1	2	3	4	5
Written communication skills	1	2	3	4	5
Problem solving/critical thinking skills	1	2	3	4	5
Adaptability (ability to accommodate new change)	1	2	3	4	5
Assertiveness and self confidence	1	2	3	4	5
Attendance	1	2	3	4	5

Strengths of the intern: \_\_\_\_\_

Areas of improvement (If any): \_\_\_\_\_

**Details of Department(s) Attended by the Intern during the Internship Program:**

Sr. #	Name of Departments	Major Tasks	Duration	
			From (DD/MM/YYYY)	To (DD/MM/YYYY)

Would you like to offer the intern a job in your organization, subject to availability?

YES

NO

Please give Reason:

Any remarks/suggestions: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Official Seal/Stamp

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

Contact No(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Thank you for your cooperation!