COMSATS University Islamabad
Islamabad Campus
Department of Computer Science

SITE SUPERVISOR EVALUATION FORM

The organization's representative is required to fill out the following information & return to the Institute.

Internee Name	
Internee CUI Registration	

Internship Duration		Start Date		End Date	

Host Organization/Department(s) Interned at	

Instructions: Mark only one oval per row. Each criterion carries a maximum of 4 marks.

Assessment Criteria	Excellent (4)	Very Good (3)	Satisfactory (2)	Unsatisfactory (1)
Punctuality and Attendance	O	O	O	O
Ability to link theory to practice	O	O	O	O
Demonstrated critical thinking and problem-solving skills	O	O	O	O
Technical Knowledge	O	O	O	O
Creativity / Conceptual Ability	O	O	O	O
Ability to adapt to a variety of tasks	O	O	O	O
Time Management & Deadline Compliance	O	O	O	O
Behaved in a professional manner	O	O	O	O
Effectively performed assignments	O	O	O	O
Oral & Written communication skills	O	O	O	O

Total Marks Obtained (out of 40): _____

Supervisor Comments:

_____

_____

_____

_____

Supervisor Name & Signature: _____   Date: _____

Stamp (if applicable)