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|  | **ISTANBUL MEDENIYET UNIVERSITY**  **COMPUTER ENGINEERING DEPARTMENT** |

### INTERN ASSESSMENT FORM

### (To be completed by the Intern Supervisor)

Student Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern Supervisor’s (Evaluator’s) Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this form is to provide the department with feedback about the intern’s work and professional skills and competencies.

* Kindly fill in the following details required for evaluating the performance of our student as an employee in your organization
* Please hand this form inside **a properly sealed envelope** to the students at the end of the internship and do not disclose the content of the filled form to the intern

The assessment ratings ranges from 1 to 5 are as follows (circle the appropriate number):

1 = Unsatisfactory Never demonstrates this ability / does not meet expectations

2 = Needs Improvement Seldom demonstrates this ability / rarely meets expectations

3 = Fair Sometimes demonstrates this ability / meets expectations

4 = Good Usually demonstrates this ability / sometimes exceed expectations

5 = Excellent Always demonstrates this ability / consistently exceeds expectations

N/A = Not Applicable

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | N/A |
| Ability to Learn |  |  |  |  |  |  |
| Ability to link theory to practice |  |  |  |  |  |  |
| Problem identification and solving skills |  |  |  |  |  |  |
| Subject Knowledge in Computer Engineering |  |  |  |  |  |  |
| Presentation skills |  |  |  |  |  |  |
| Ability to to communicate ideas and concepts clearly |  |  |  |  |  |  |
| Ability to read,comprehend and follow written materials |  |  |  |  |  |  |
| Ability to work in teams |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |
| Time Management |  |  |  |  |  |  |
| Discipline |  |  |  |  |  |  |
| Appreciation of ethical values |  |  |  |  |  |  |
| Overall Performance of this intern |  |  |  |  |  |  |

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| --- |
| Additional Comments |
|  |

If a position exists in your company would you recommend the above internee. (Kindly tick the appropriate one)

* Yes
* No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator

Company Seal