**Form I - 5**

**Final Evaluation of the Internship Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID |  | Student’s Name |  |
|  |  |  |  |
| Employer’s Name |  | Supervisor’s Name |  |

|  |
| --- |
| **Describe the differences, if any, between student's initial contract and actual assignment which developed** |

**Performance of Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Above Average** | **Average** | **Below Average** | **Comments, Examples, Observations** |
| Volume of work |  |  |  |  |
| Quality of work |  |  |  |  |
| Analytical ability |  |  |  |  |
| Ability to resolve problems |  |  |  |  |
| Accuracy and thoroughness |  |  |  |  |
| Ability to work under pressure |  |  |  |  |
| Oral communications |  |  |  |  |
| Written communications |  |  |  |  |
| Original and critical thinking |  |  |  |  |
| Ability to learn |  |  |  |  |

**Note: Please make sure to tick only one check box for each category**

**Work Habits of Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Above Average** | **Average** | **Below Average** | **Comments, Examples, Observations** |
| Effective in organizing work |  |  |  |  |
| Takes the initiative |  |  |  |  |
| Flexible to non-routine work |  |  |  |  |
| Active and alert |  |  |  |  |
| Attitude toward organization |  |  |  |  |
| Team player |  |  |  |  |
| Diligence and perseverance |  |  |  |  |
| Accepts responsibility |  |  |  |  |

**Note: Please make sure to tick only one check box for each category**

**List positive personal characteristics (Business Acumen, Vigor, Adaptability, Teamwork, Leadership, Confidence, etc.)**

**List personal characteristics that will help the student in his/her professional development**

**How effective has the Internship Program been in meeting the needs of your organization?**

**Please suggest ways you feel we could make our program more meaningful to the student and you, the employer.**

**Please comment on the appropriateness of the student's academic training as it related to a position in your organization.**

**Any other comments about the student or on the Faculty Advisor:**

**Overall student performance**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding |  | Very Good |  | Good |  | Marginal |  | Unsatisfactory |

**Note: Please make sure to tick only one check box**

This report has been discussed with the student.

|  |  |  |  |
| --- | --- | --- | --- |
| External Supervisor’s Name |  | Date | Click here to enter a date. |

**Note:**

**Please e-mail this form within two weeks after the date of completion of the 6 month internship directly to saman.g@sliit.lk by the external supervisor’s official e-mail**