**Internship Evaluation & Reporting**

Thank you for taking the time to complete this form, this evaluation will be used to assess the student’s participation in the internship program.

Supervisors, using the form below please evaluate the student who interned with your organization, institution, or business. You can fill out this form electronically or you can fill it manually but eventually, it must be signed and stamped from the company’s side.

Please note that parts I & III should be completed by the intern, and part II should be completed by the direct supervisor in the company.

**Part I. GENERAL INFORMATION – STUDENT’S INPUT**

**Student Info:**

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

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_

Student Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Info:**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Core Industry/Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_

Supervisor Tel. No.: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor E-mail: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Department(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part II. EVALUATION AND COMMENTS – DIRECT SUPERVISOR’S INPUT**

Period of Internship **(dd/mm/yyyy)** **(dd/mm/yyyy)**

**From:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Internship nature (Enrollment Status)

* Part time Please specify, no. of Days per week:\_\_\_\_\_\_\_\_\_\_\_ hours per day :\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Full time Please specify, no. of Days per week:\_\_\_\_\_\_\_\_\_\_\_ hours per day :\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Stamp**

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Please evaluate the student's performance by marking the appropriate box:

For each of the following aspects, please mark the box in the rating scale that most closely corresponds to your evaluation of the profile of the student during the internship period. Please also feel free to offer comments and suggestions for changes and improvements in the space provided at the end of the form.

|  |
| --- |
| **1=Unsatisfactory 2=Below Average 3=Satisfactory 4=Above Average 5=Excellent** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **NA** |
| **Skills & Professional Attributes** | | | | | | |
| Ability to adapt to change |  |  |  |  |  |  |
| Analytical skills |  |  |  |  |  |  |
| Collecting data/ research data skills |  |  |  |  |  |  |
| Creativity |  |  |  |  |  |  |
| Follow up skills |  |  |  |  |  |  |
| Interpersonal skills with peers, supervisors, and clients |  |  |  |  |  |  |
| Problem solving |  |  |  |  |  |  |
| Punctuality |  |  |  |  |  |  |
| Reporting skills |  |  |  |  |  |  |
| Responsibility and accountability |  |  |  |  |  |  |
| Stress handling |  |  |  |  |  |  |
| Taking initiatives |  |  |  |  |  |  |
| Teamwork |  |  |  |  |  |  |
| Time management |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **Technical Background** | | | | | | |
| Technical Knowledge |  |  |  |  |  |  |
| Compatibility of technical skills with the job |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| **Command of Languages** |  |  |  |  |  |  |
| Arabic |  |  |  |  |  |  |
| English |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |

|  |
| --- |
| **1=Unsatisfactory 2=Below Average 3=Satisfactory 4=Above Average 5=Excellent** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **NA** |
| **Computer Programs & Databases**  **Please use the space below in specifying the program/software used during the internship and evaluate student’s performance accordingly** | | | | | | |
|  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Overall Evaluation of Student’s performance and profile** | | | | | |
| Unsatisfactory | Improvement needed | Meets expectations | Exceeds expectations | Exceptional | NA |
|  |  |  |  |  |  |

**General Comments & Recommendations:** (kindly mention intern potentials, areas of further development or technical constraintsencountered during the internship period)

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

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|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Maybe** |
| Do you think similar candidates would fit in the  Organizational culture and qualify for job need? |  |  |  |

**Student Signature: Date:**

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

**Supervisor Signature: Date:**

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