

**WORK
INTEGRATED
LEARNING**

2020 INTERNSHIP STUDENT APPRAISAL FORM

Student Name: _____

WIL Workplace Co-ordinator/s: _____

Employer/Host Organisation: _____

Internship Project Name: _____

Internship Project Supervisor's Name: _____

Project Supervisor's Title: _____

Project Supervisor's Mob/Ph: _____

Project Dates: From: _____ To: _____

On completion please:

- 1) be sure that **both parties sign and indicate the current date in the appropriate spaces on Page 4;**
- 2) ensure that this form is lodged with your **ACADEMIC CONVENOR** through VU Collaborate by the **DUE DATE;**
AND
- 3) **keep a copy** for your own records.

MASTERS Students:

Summary of Project / Main tasks performed during this period:

PERFORMANCE ELEMENTS

1. Communication

	N/A	Low	←	-----	→	High
Expresses ideas and thoughts verbally	[]	[]	[]	[]	[]	[]
Expresses ideas and thoughts in written form	[]	[]	[]	[]	[]	[]
Exhibits good listening and comprehension skills	[]	[]	[]	[]	[]	[]
Keeps others adequately informed	[]	[]	[]	[]	[]	[]
Selects and uses appropriate communication methods	[]	[]	[]	[]	[]	[]

2. Client Service

	N/A	Low	←	-----	→	High
Displays courtesy and sensitivity	[]	[]	[]	[]	[]	[]
Manages difficult or emotional customer situations	[]	[]	[]	[]	[]	[]
Meets commitments	[]	[]	[]	[]	[]	[]
Responds promptly to customer needs	[]	[]	[]	[]	[]	[]
Solicits customer feedback to improve service	[]	[]	[]	[]	[]	[]

3. Grooming and Presentation

	N/A	Low	←	-----	→	High
Dresses appropriately for position	[]	[]	[]	[]	[]	[]
Keeps self well-groomed	[]	[]	[]	[]	[]	[]

4. Professionalism

	N/A	Low	←	-----	→	High
Understands general business practices	[]	[]	[]	[]	[]	[]
Manages competing demands	[]	[]	[]	[]	[]	[]
Responds to suggestions and guidance from supervisor	[]	[]	[]	[]	[]	[]

5. Accountability

	N/A	Low	←	-----	→	High
Understands assignments and follows instructions	[]	[]	[]	[]	[]	[]
Takes responsibility for own actions	[]	[]	[]	[]	[]	[]
Commits to doing the best job possible	[]	[]	[]	[]	[]	[]
Meets attendance and punctuality guidelines	[]	[]	[]	[]	[]	[]

6. Productivity

	N/A	Low	←	-----	→	High
Understands job requirements	[]	[]	[]	[]	[]	[]
Meets productivity standards	[]	[]	[]	[]	[]	[]
Completes work accurately and in a timely manner	[]	[]	[]	[]	[]	[]
Achieves established goals	[]	[]	[]	[]	[]	[]

7. Planning

Prioritises and plans work activities

Uses time efficiently

Works in an organised manner

N/A Low ←-----→ High

[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

8. Technical Knowledge

Understands operating systems

Uses computers effectively

Effectively applies technical knowledge

N/A Low ←-----→ High

[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

9. Analytical Skills and Problem Solving

Gathers and analyses information skillfully

Resolves problems in early stages

Works well in group problem solving situations

N/A Low ←-----→ High

[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

10. Co-operation

Establishes and maintains effective relations

Exhibits tact and consideration

Displays positive outlook and pleasant manner

Offers assistance and support to co-workers

Works co-operatively in group situations

N/A Low ←-----→ High

[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

11. Leadership

Exhibits confidence in self and others

Reacts well under pressure

N/A Low ←-----→ High

[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

12. Initiative

Assumes responsibility if and when required

Volunteers readily

Undertakes self-development activities

Seeks increased responsibilities

Looks for and takes advantage of opportunities

Asks for help when needed

N/A Low ←-----→ High

[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

SUMMARY

OVERALL RATING *

Score for Marking:

Low ←-----→ High
[] [] [] [] []
2 4 6 8 10

* The Likert scale rating above will be translated to an assessment mark for this Unit.

AREAS FOR IMPROVEMENT (SUPERVISOR TO COMPLETE)

PROJECT SUPERVISOR COMMENTS:

Supervisor Signature

Supervisor Name

Date

BBB7000 – INTERNSHIP – WORKPLACE HOURS / DURATION

SUPERVISORS Please also complete the following:

As of the date of this Appraisal, to the best of my knowledge this student has completed at least 90 hours work on this project: Yes ... ☐

If not, I verify that the student has completed _____ hours at this time.

Supervisor Signature

Supervisor Name

Date

INTERNSHIP/WIL STUDENT COMMENTS:

REQUIRED:

Internship Student Signature

Internship Student Name

Date