


INTERNSHIP ASSESSMENT FORM

NAME OF INTERN:

COURSE OF STUDY:

LEVEL:

CONTACT:

NAME OF INSTITUTION/ORGANISATION:

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HEAD OF INSTITUTION/ORGANISATION:

Please, how will you assess intern on the following:

	Excellent	Very Good	Good	Average	Not Satisfactory
Punctuality					
Attitude towards Work					
Sense of Responsibility					
Initiative					
Respect for Authority					
Respect for Colleagues					
Willingness to learn					

OVERALL ASSESSMENT:

OTHER COMMENTS:

NAME OF SUPERVISOR:

POSITION OF SUPERVISOR:

PHONE:

SIGNATURE: DATE:

NB: All filled and signed assessment forms are to be submitted online via the code above or via this link: <https://bit.ly/45ydjwW>