



INTERNAL SUPERVISOR EVALUATION FORM

The College of Business and Economics (CBE) wishes to thank you for taking your time to work with our student (s) during internship in your organization.

It is our sincere hope that the internship experience made a great impact on the student's professional training. We kindly request you to assess the student's performance by filling in the form below.

| | |
|---|--|
| Student names | |
| Duration of internship | |
| Field of internship in hosting organization | |
| Names of internal supervisor: | |
| Title : | |
| Organization name and address: | |

Please evaluate the student on the following aspects on a scale of 1-5, where:

1= UNACCEPTABLE

2= SATISFACTION

3= GOOD

4= VERY GOOD

5= EXCELLENT

| | Evaluation factors | Rating |
|---|--|--------|
| 1 | Technical skills(proficient in his/her area of specialization) | |
| 2 | Performance contribution to the organization | |
| 3 | Personal and professional development | |
| 4 | Innovation | |
| 5 | Initiative and independence | |
| 6 | Communication skills | |
| 7 | General conduct | |
| 8 | Punctuality (follow of official working time) | |
| | TOTAL MARKS OUT OF 40% | |

Other comments about our student or suggestion related to our training program will be appreciated. (please use more paper if necessary)

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.....
Organization /company supervisor's signature and stamp.....

*N.B. this form should be **sealed in an envelope** and return to the College of Business and Economics (CBE) in the student's **department** after completing internship.*