

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to resolve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy and thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Original and critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takes the initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexible to non-routine work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Active and alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attitude toward organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diligence and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Note:

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