**Intern Assessment Form**

Student name: ...................................................................... Position: .................................................................

Organization: .............................................................. Evaluator name and position: ....................................................

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| --- | --- | --- |
| Date (from – to) | Brief description of the work/works done by the student during the internship: | Completed/not completed |
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Rate the student's work on a scale of 1 to 5 (1-worst, 5-best)

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| **Evaluation Criteria** | 1. **month**
 | 1. **month**
 | 1. **month**
 | 1. **month**
 | 1. **month**
 |
| Qualification of the student's written work: |  |  |  |  |  |
| The student's oral communication skills: |   |   |   |   |  |
| The quantity of work done by the student: |   |   |   |   |  |
| The student's relationship with the senior colleagues: |   |   |   |   |  |
| - with direct colleagues: |   |   |   |   |  |
| - with clients: |   |   |   |   |  |
| The student's willingness to work: |   |   |   |   |  |
| The student's adaptability: |   |   |   |   |  |
| The student's initiative: |   |   |   |   |  |
| The student's independence: |   |   |   |   |  |
| The student's problem solving skills: |   |   |   |   |  |
| **Evaluator signatur:** |  |  |  |  |  |
| **Date** |  |  |  |  |  |
| **Company Stamp** |  |  |  |  |  |